

SOUTH CAROLINA



Getting children ready for school.

IMPROVING SCHOOL READINESS THROUGH PARENT EDUCATION:

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Improving School Readiness through Parent Education: A Guide for S.C.

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Introduction

Essential to all parent support and education is the understanding that successful and effective programs are those that work *with* parents rather than doing something *to* or *for* parents.

Research has shown that the first six years of a child's life are when the foundational skills and capacity for learning are developed. Children who experience educational opportunities through play and active learning provided by loving, nurturing adults with whom they have close, consistent, and long-term relationships, enter school successfully and tend to excel in the academic world. These early years are critical, as the development of a child's brain during this time has life-long implications. By far, the major factor in a child's development is its relationship with its parents. Without strong, positive, and consistent parental guidance and involvement, children will not exit their early childhood years with a platform of basic skills, confidence, respect, and sense of responsibility needed to be successful in school. Many parents struggle with how best to provide their child with the nurture, experiences, guidance, and environment needed for their healthy growth and development.

This guide offers an approach to assisting families in their most important role, the parenting of their young children. All families, regardless of their basic capabilities and skills, can benefit from parent education to enhance the school readiness status of their children at admission to first grade. Since other adults - grandparents, aunts, uncles, step-parents, guardians - may carry the primary responsibility for a child's education, development, and well-being, here the term "parent" includes the adults who play important roles in a child's family life. This material offers a definition of parent education, articulates the principles of effective practice and essential elements of parent education, identifies goals that address the various components of need, and describes existing resources and gaps in services. Early-childhood parent education is a part of family support and strengthening; thus, programs may often find themselves providing both to families.

Parent education has shifted over the years to a more comprehensive approach that views parents and professionals as partners in building strong family support systems. Changing demographics, cultural forces, and economic realities, as well as consequent educational and social changes have combined to dramatically alter how parents, children, and families live. Most schools and many churches, government agencies, hospitals, medical clinics, schools, YWCAs, community groups, and human service agencies are engaged in some form of parent education. Recent research suggests that multiple strategies and collaborative community systems seem most effective in addressing the complex and divergent needs of today's parents and families.¹

¹ Powell, 1989

Clearly, no one agency, program, or curriculum can meet the wide-ranging needs of all parents and young children. Communities are well advised to offer parent education services along a continuum of need, utilizing the services of a variety of programs that function within the guidelines of effective practices. This guide provides communities with basic information about the broad goals and objectives of many parent education programs, a description of the resources that may be available in many communities, and strategies that communities might want to employ to increase parents' ability to address the school readiness needs of young children.

Goal and Objectives

Goal

Provide parent with access to the support and education they might seek to get their children ready to enter first grade successfully.

Objectives

Parents will bond to their children, care for them, and take pleasure in being with them. They will provide appropriate parental warmth, affection, and nurture.

Parents will increase their ability to provide the structure, nurture, stimulation, guidance, and discipline needed to promote their children's optimal cognitive, language, physical, health, and social-emotional development.²

Parents will promote positive attitudes about school and lifelong learning and will be active participants in their child's care and education.

Parents will access services and advocate for their children's educational and developmental needs.

Parents will develop a healthy informal support system and community.

Premises and Principles

- Parents are their children's first and most influential teachers.
- Families have the primary responsibility for ensuring that their children grow and develop in a manner that reflects their cultural beliefs.
- Families can best provide for their children's optimal educational, physical, and socio-emotional development when placed in the context of a healthy and supportive community, including programs that operate to inform and empower them.

Principles of Effective Programs

Programs are family-centered in their approach and respect the diversity of families. Effective programs view family involvement in the educational process of schools, childcare centers, preschools, kindergartens, and Early Head Start/Head Start programs as *essential*, not optional, to the success of children, developmentally and educationally. They consistently support and advocate for parental involvement. Also, program staff actively encourage *all* families to partner and participate in every

² The areas of young children's development (cognitive, physical, social, and emotional) are inter-related. Development in one area influences and is influenced by development in other areas. It is not possible for young children to isolate areas of their development. Programs working with parents to increase their ability to influence their child's development impact all areas of a child and must take that into consideration in their program design. Programs can, of course, have different levels of impact intensity, depending upon their primary focus, structure, and interaction with the family.

level of the parent education program including decision making, and provide training and support to promote such family involvement.

Programs incorporate effective practices, based upon research findings, that are of high quality.

Programs are results-oriented and implement a process to assess and document progress of children and families. Additionally, programs systematically evaluate their own efforts and maintain sound fiscal accountability.

Programs are voluntary, non-intrusive, affordable, and avoid stereotyping parents and families.

Except in cases of neglect or abuse, non-intrusive and voluntary program approaches are most successful. Programs should meet parents' and families' identified needs, and parents' participation should emanate from their sense of the value of program activities. Programs help parents recognize that all families may need support at one point or another. Effective parent education programs interact with families and children in ways that respect the family's culture and beliefs and build on the strengths of child and family.

Programs are flexible and responsive to individual parent and family needs. Families vary tremendously in their structures, values, needs, challenges, and strengths. Parents themselves have very distinct needs and interests as well as talents that go beyond structural categories like "single-parenthood" or "step-parenting." Program staffs recognize that "one size" does not fit all, and services are offered through a variety of curricula and delivery systems. Emphasis is given to providing services within the natural community of the family and weaving the program into the routine world of families. Home visiting meets the needs of some families, while social and group settings are favored by others. Effective parent education programs are cost-effective, offering services free or at minimal cost to the family, and staffs actively support efforts to reduce the financial burden of services on families.

Programs build on a process of reciprocity which supports parents in fulfilling their responsibility as the primary educator of their child. Programs are creative in designing opportunities for parents to participate in meaningful ways and view their participation as essential to the programs.

Programs collaborate with other existing family support efforts in the community. Effective programs partner with other agencies and programs; share resources and ideas; coordinate training opportunities across agencies; and transition children and families into other programs. Efforts are based upon a comprehensive needs and resource assessment, and services are offered along a continuum of need. No one program can serve the needs of all parents and families.

Programs address critical support issues such as childcare, transportation, flexible scheduling of activities, and alternative means of accessing services. Programs that offer childcare, transportation, and other "enabling services" observe increased participation rates and positive reactions from parents. Parents and families need a variety of different opportunities, which allow them to participate. Programs have ongoing creative efforts to reach disenfranchised parents.

Programs reach parents early in the family's journey and offering continuing follow-up and support as the family develops. Typically, new parents are highly interested in learning about child development, parenting, and family living. They are particularly interested in information and skills that increase their ability to provide their children (and themselves) with essential health, nutritional, educational, social, and emotional services. Early childhood provides the "big window" for forming trusting and supportive relationships with parents and for building strong prevention and empowerment behaviors within family living.

Programs highlight the value of hands-on, experience-based activities. The use of demonstration, modeling, parent participation, parent-child activities, field trips, small group discussion, role-playing, parent-directed goal-setting, simulations, and mentoring are highly effective teaching strategies.³ The

³ Swick, 1993

integration of “educational” presentations with active learning experiences like the Kenan Family Literacy program increase the potential for parents to transfer knowledge, skills, and attitudes learned to the family setting.

Programs encourage long-term relationships with families. Program policies promote continuity of caregiving and family bonding to programs and staff; support families as primary educators of their children; and view families as assets to themselves, the program, and the community.

Programs engage and integrate the informal network of families. Parents are more likely to change behavior for the better when the concepts and skills are easily interrelated with their social network contexts.⁴ Teen parents, for example, increased their prenatal care visits and healthy prenatal care behaviors when their networks (their mothers, friends, and relatives) were connected to helping them achieve the desired changes.⁵

Programs empower parents to advocate and access services for their children. Many parents feel overwhelmed, unskilled, confused, frustrated and, at times, unwelcome when faced with the task of accessing services for their child.

Needs Assessment

As part of the assessment of each county’s needs, there should be a focus on parent education and the opportunities that programs have to engage parents in the education of their children. The following are sample questions that might help counties identify how best to help parents in this most important role.

Parent educators use different curricula depending upon the age of the child.

How many children under six are identified by the county census and *KIDS COUNT* data?

How many of these children are infants and toddlers (0-3 years old)?

How many of these are preschoolers (3-6 years old)?

Parent educators use different curricula for different situations.

How many teen parents are in the county?

How many parents do not speak English?

Parent educators structure the services to meet the needs of parents.

How many parents are working full-time or are in school full-time?

How many parents are working part-time or are in school part-time?

How many parents are facing critical issues such as extreme poverty or lack of education?

How many children are estimated to be living in poverty?

What are the ethnic demographics of parents of young children?

What are the diverse faiths that are represented by parents with young children?

Parent educators can work closely with parents and childcare providers.

How many childcare programs (family- and center-based) are available for infants and toddlers?

How many infants & toddlers are in group care?

How many childcare (family- and center-based) programs are available for preschoolers?

How many preschoolers are in group care?

⁴ Unger & Wandersman, 1988

⁵ Cochran & Henderson, 1990

How many children are being cared for by relatives or acquaintances?

Schools

Which schools and neighborhoods have the highest rates of children scoring “not ready”?

Which schools and neighborhoods have the highest rates of children eligible for free and reduced lunch?

Which schools and neighborhoods have the lowest percentage of parents involved in the educational programs of their children?

Families

Interviews, surveys, and focus groups of families should include representatives of diverse families and special needs and hard-to-reach families.

What kinds of information do parents want to assist them in getting their children ready for first grade?

What kinds of service delivery options for parent education programs would help parents have better access to parenting information?

What are the gaps in services? What would be the most accessible and effective ways to fill these?

Many agencies and organizations offer parent education programs.

- What schools and agencies offer parent education programs? Is their program mandated? If so, what is the current and next-year projected funding? How many families are they currently serving? How many families do they have on a waiting list?
- What technical college serves this county? Does it have a child-development training program? Does this program offer parent education?
- Based on surveys or focus groups of services providers, what are the gaps in services, obstacles to services reaching families, and needs for service improvement? What would make services more accessible and effective?
- Based on surveys or focus groups of neighborhood leaders, what are the gaps in services, obstacles to services reaching families, and needs for service improvement? What would make services more accessible and effective?

Resources for Parent Education

Resources to engage parents in an educational process to enhance their knowledge and skills as parents are legion. The strength of many of these programs is that they utilize a variety of curricula to best meet the individual and diverse needs of families. Effective programs also develop partnerships with pediatricians, health clinics, kindergarten, childcare, Early Head Start/Head Start, BabyNet, and others. It is recommended that communities offer an array of parent education programs in recognition of the varying levels of need.

This section is divided into two parts. The first, ***Resources for Parent Education: Current Resources***, details existing programs and funding streams found in many communities in South Carolina. The second, ***Resources for Parent Education: Curricula & Training Opportunities***, describes the various programs, based on “best ” or effective practices that are used by many agencies to provide parent education services. Most of these programs consist of curricula for parent educators and are accompanied by training opportunities. Counties should be advised that most programs require specific training for parent educators to use their materials and these training opportunities vary in cost, intensity, and commitment of resources, such as time, space, etc.

A. Current Resources

State Department of Education (SDE)

Public schools are one of the main auspices for programs working with parents to increase the optimal development of their child. South Carolina is fortunate to have a statewide parent education and family literacy system established through the State Department of Education. This system establishes guidelines and standards for district programs to assist schools in the choice of curricula for parent education. Many districts choose Parents As Teachers (PAT) or Parent Child Home (PCH). Funding for district parent education/family literacy programs can vary; however, most are funded, in part by Act 135 and by Title I, two legislatively-mandated service funds. More information can be obtained at <http://www.state.sc.us/sde>.

Act 135: The Early Childhood Development and Academic Assistance Act

It places an emphasis on early childhood education, focuses the state's resources on academic success and prevention of academic problems, and allows districts and schools greater flexibility in providing targeted, coordinated programs of student assistance. Act 135 incorporates many of the strategies that were part of **Target 2000**. Thus, Act 135 includes funds from the EIA to be used to impact parenting and family literacy, early childhood programming for 4-year-olds, and academic assistance to 5-year old kindergartners.

Title I of The Improving America's Schools Act (IASA) of 1994 requires schools to fund parent involvement, including such activities as family literacy and parenting skills education. Under IASA, Title I requires that local schools and districts adopt specific strategies for developing school-family partnerships. Title I parent involvement provisions emphasize policy involvement by parents at the school and district level; shared school-family responsibility for high academic performance, as expressed in school-parent compacts; and the development of school and parent capacity for productive collaboration. Title I requirements might serve as useful guidelines for all schools, child-care centers, Early Head Start, and preschool programs as they strengthen school-family partnerships. These school district parent education programs typically use one of a variety of curricula including Parents as Teachers (Born to Learn) and Parent/Child Home.

Even Start Family Literacy Program, Title I, Part B, Elementary and Secondary Education Act of 1965. The purpose of Even Start is to improve the educational opportunities of low-income families by integrating early childhood education, adult literacy or adult basic education, and parenting education into a unified family literacy program.

The Reading Excellence Act amends Title II of the Elementary and Secondary Education Act of 1965 by adding a reading component to provide young children with the readiness skills and support they need to learn to read once they enter school and improve the instructional practices of teachers. The Reading Excellence Act has been authorized for the next two years, allowing even more at-risk children to receive the support they need to improve their literacy skills.

Health Programs

Health care providers have influence over their patients. They are a non-stigmatizing source of family support that almost all parents now access early in their children's lives. This makes health clinics, pediatricians, dentists, and hospitals ideal portals for parent education. Several recent health care initiatives, including Bright Futures and Touchpoints, have worked to increase the pediatrician's capacity to support families in a warm and caring but firm approach to their children's nurture. The pediatric health supervision visit gives providers a unique opportunity to observe parent-child interaction, screen for maternal depression, and provide guidance in the creation of a warm and affectionate environment for the child. Pediatric health supervision goals include enhancing family

strengths and promoting resiliency.⁶ The following are some of the examples of health care programs that offer parent education opportunities.

DHEC (Department of Health and Environmental Control) offers several programs that incorporate parent education including postpartum nurse home visiting and the Family Resources House Calls Program - "BabyNet".

Well Baby Plus

The group well-child visit that integrates parent education and home-visiting, as does the Well Baby Plus program⁷, is an effective model for communities. Recent studies using the Touchpoints curriculum, popularized by Dr. T. Berry Brazelton, show the importance of parents understanding their children's development. Using cues from the infant or toddler, parents can be taught appropriate developmental expectations which result in greater sensitivity and attention to the needs of their children.⁸

Social Service Programs

Social services can play a major role in helping overburdened families provide for the optimal development of children by increasing their access to services and ability to establish family routines.

DSS (Department of Social Services) offers a variety of parent education programs, including

- TANF parenting programs;
- DSS Young Parenting Program; and
- Youth Program-Teen Companion teen pregnancy prevention program.

Healthy Families America (HFA) is an intensive, early childhood home visitation program designed to prevent child abuse and neglect. HFA provides a mechanism for screening families at the birth of a child and subsequent referral for appropriate services, including HFA home visitation. This home visitation program has four different levels of service intensity with typical caseloads of 15 for highest intensity (weekly) and 40 for lowest (monthly). For further information, contact *Prevent Child Abuse* at 1-800-722-2737.

Faith and Community Organizations

Churches, synagogues, and other religious institutions; Boy Scouts and Girl Scouts; in addition to ministerial and church associations provide strong leadership for young people and their parents. Boys and Girls Clubs; community service organizations such as Lions, Kiwanis, and Rotary; and public media sources can assist with character development. Neighborhood organizations and local faith communities assist with imparting a sense of cultural and ethnic heritage.

Parent Education Resource Center/Alliance for Children

This center offers an array of services to assist parents in helping their children learn, including (a) parent- to-parent training activities; (b) telephone hotlines that will respond to parents' concerns about child development and behavior; and (c) workshops to help parents enhance their parenting skills, foster their child's readiness skills, understand their child's academic development, and use resources to

⁶ Green, 1994

⁷ Rushton, 1998

⁸ Brazelton, 1992

improve their child's learning. It also provides resources and guidance developed under the Parents as Teachers (PAT) program and the Home Instruction Program for Preschool Youngsters (HIPPY), two programs that have been highly effective in helping parents prepare their children for school success.

Neighborhood and community organizations provide a variety of forums for families to get together through physical exercise, games, crafts, and advocacy.

Healthy Communities is a successful endeavor that has been employed in various parts of the state to promote supportive communities. Community and economic development organizations, housing authorities, law enforcement agencies, and various service agencies have a responsibility in promoting a nurturing and safe environment for families.

The Sisters of Charity Foundation Fatherhood Project is centered around the unique contributions of males to the cognitive development of their children and is an important source of support for young parents.

Early Childhood Center-based Programs

There are over 60 nationally accredited child development centers in South Carolina which, in addition to providing high-quality early care and education to young children, model educational activities, offer opportunities for parents to access information regarding child development, and provide linkages to early childhood resources.

Early Head Start and Head Start are programs specifically designed to meet the needs of low-income families with young children. They provide home-visiting services plus specifically designed monthly socialization activities to teach parents how to promote optimal development of their child. Comprehensive and integrated health and educational services, including parent education and involvement, are part of the required performance standards of all Head Start programs

Other initiatives

There are numerous early reading programs such as **Reach Out and Read**, **Born to Read**, or the **Read Aloud** program, that are important resources for parents concerned about the cognitive development of their children.

Some media programs help parents with their basic skills, including South Carolina ETV's **Parenting Journal** series and church-based programs such as James Dobson's **Focus on the Family**.

B. Curricula and Training Opportunities

There are many different parent and family education curricula and training opportunities for programs and communities to use in their efforts to work with parents to promote the optimal development of children. The appendix, *Program Descriptions*, has a detailed listing and explanation of various parent education resources.

Potential Resources

It is probable that most counties will identify a wide range of parent education needs, ranging from those families who are experiencing high levels of crisis and need intense parent education intervention (such as Prevent Child Abuse/Healthy Families America or Parent/Child Home) to those parents who may need lower intensity programs such as Parents as Teachers or Touchpoints, or more universal

opportunities such as classes offered at hospitals/health clinics, churches, schools, Head Start, child-care programs, social service agencies, etc.

These opportunities for parent education differ in a variety of ways. For example, parent education programs differ in curriculum (fixed versus flexible) and content (such as how to feed, change, and diaper an infant versus guidance and discipline techniques for three-year-olds). Programs also vary in terms of intensity and duration (such as two-hour weekly home visits for three years versus parenting classes for an hour, once a week for eight weeks); in structure (access versus eligibility, home- versus center-based, professional versus para-professional); and in ability to engage parents meaningfully and successfully. All of these factors, of course, impact cost and efficacy.

It is important that counties conduct a *comprehensive* needs and resources assessment to determine the current level of services offered by the wide range of institutions, agencies, and programs to all families with young children in the county, and to identify the gaps, opportunities, and resources needed to successfully impact service adequacy. Entities to involve include schools, childcare programs, Head Start, preschools, health organizations (public and private, maternal and child, mental, etc.), faith communities, recreational and community centers, higher education, advocacy and non-profit organizations, businesses, and public services (such as law enforcement, libraries, museums) that provide opportunities for parent education to families with young children. Parent education and support groups could be included in programs targeting families at risk, for example, parents in alcohol treatment, parents of children with special needs, and grandparents raising grandchildren.

Gaps in Resources

Parent education programs may need to structure their service delivery to accommodate working parents and offer a variety of curricula. Many programs need to provide parents with the opportunity to watch others work with their child and practice interventions while being mentored. Parent education programs, including public school kindergarten programs, may need to strengthen their efforts to build in reciprocity for parents or empower them to be active participants in their child's educational programs. Programs may need to increase their efforts to involve fathers and other key family members and adapt their curricula for the changing demographics.

Programs may not be collaborating with parents and including parents on all levels of programmatic decision making. Collaboration among parent education programs and other programs serving young children is one of the keys to increasing efficacy and access. Clearly, no one program can do it all, and parent education programs need to work together to triage families and effectively utilize existing resources to best meet the needs of families. Programs can share professional development opportunities, particularly, involving parents in the educational systems and assessments of their child; promoting school readiness; and cultural competency issues.

Potential Results

The following are examples of the kinds of results that parent education programs could bring about. Of course, no one program is expected to demonstrate results in all areas. Each program should select the results that fit with the goals of their program.

Process

High level of family involvement, high rate of satisfaction with services, high level of perceived support.

Parent functioning

Increased understanding of parenting responsibilities (appropriate family decision-making structure and daily routines); increased understanding of child growth and development (appropriate expectations, positive discipline and guidance).

Family functioning

Improved parent-child interaction, attachment, reading to and dialoging with child.

Child

Higher readiness skills; improved cognitive, emotional, social functioning; improved health and physical well-being.

Neighborhood/Programs

Increased parental involvement in the educational process and programs; increased parental supervision of children's activities and oversight of child's relationships with others.

Objective 1

Parents will bond to their children, care for them and take pleasure in being with them. They will provide appropriate parental warmth, affection, and nurture.

Rationale

A loving home in which there is appropriate parental warmth, affection, and bonding with the child is necessary to lay the foundation for lifelong learning. Multiple programs throughout the past decade have brought about improved family warmth and affection when parents were given the appropriate support. Being affectionate towards one's children results in a variety of positive outcomes.⁹ A parent's ability to react to the cues of their young children in an appropriate fashion helps set the stage for a feeling of warmth and affection and contributes to the ultimate educational status of the child.¹⁰ Parents with skill and sensitivity in responding to their child's needs have more positive interactions with their infants.¹¹ Conversely, negative home environments characterized by overly harsh discipline, unresponsiveness, and high-intensity teasing have been associated with poor school outcomes.¹²

Efforts in High-need Areas

Poverty is a major indicator of family stress and the potential for inability to provide parental warmth, affection, and discipline. The latest *KIDS COUNT* data from the Annie E. Casey Foundation indicates that 12 percent of South Carolina's children live in extreme poverty. *KIDS COUNT* defines a family risk index that helps determine those families most in need of services. They suggest that children living in families with four or more of the following factors are considered at high risk for poor outcome:

- children not living with two parents;
- children who live in a family in which the household head is a high school dropout;
- children who live in families whose income is below the federal poverty line;

⁹ Ainsworth, Blehar, Waters & Wall, 1978

¹⁰ Ainsworth, et al, 1978

¹¹ Stern, Hofer, Haft & Dore, 1985

¹² Patterson and Dishion, 1988

- children living with parents who are not employed full-time;
- children who live in a family receiving welfare benefits; and
- children who do not have health insurance.

Using these criteria, 19 percent of children in South Carolina are of high need compared to 14 percent nationwide.¹³

Efforts among High-need Groups

Families whose functions are impaired by parental disability such as substance abuse, mental illness or mental retardation are in high need of assistance. Estimates of alcoholism in the young-adult parenting population are close to five percent. Approximately two to three percent of young adults in South Carolina are estimated to be dependent on drugs during any given year. Mental illness is estimated to occur in one of six young adults in any given month, directly impacting their ability to provide the appropriate warmth and nurture to their children that will result in school readiness.¹⁴ Families whose children have major disabilities or have been separated from their parents at birth because of health or other problems are at increased risk for poor bonding and subsequent parenting effectiveness problems.

Action Step 1

Promote bonding between parents and their children both prenatally and post-natally.

Rationale

The pre- and post-partum periods are unique opportunities to promote the bonding of children with their parents, resulting in better parenting and, ultimately, the optimal development of the child. Developing programs that orient medical staff towards the bonding needs of infants, promote strong attachment between parent and child, pre- and post-natally, and provide parenting information and support through parent education programs (Act 135, HFA, Success by 6, etc.) can assist successful attachment between parent and child.

Desired Results

Parents will have stronger feelings of attachment to their infants and toddlers. Parents will prepare for the birth of their child by being health-conscious and by anticipating and addressing their needs to properly care for the baby. Parents will demonstrate a higher level of responsiveness to their infants needs.

Efforts in High-need Areas

Concentrating efforts in hospitals with large delivery programs will have the greatest impact on school readiness. Hospitals in areas with poor school readiness scores or high rates of poverty should be targeted.

Efforts among High-need groups

Population groups with demographic factors predictive of abuse and neglect will benefit most from efforts to promote bonding and attachment.

¹³ Kids Count Data Book, 1999

¹⁴ Holmes, Hazel & Wilson, 2000

Action Step 2

Develop a system to screen families for factors that may interfere with their ability to provide nurture, warmth, and affection; such as maternal depression, family conflict, or family disruption; and refer families to needed parent education and parent support services.

Rationale

Numerous studies have shown high rates of maternal depression and their effect on children. In one study, Suzanne Orr demonstrated that depressed pregnant women had smaller infants at the time of delivery. Often, maternal depression is related to social factors. Parents who may have difficulty with bonding and providing warmth and nurture can be identified and provided with additional support to help them deal with parenting.¹⁵ Screening for maternal depression and substance abuse is helpful only if there are clearly defined methods for using the screening results to pull in appropriate services for the new family. Hospital neonatal, and prenatal health clinics, pediatric well-childcare services, and school district parenting and family literacy programs could be utilized to screen for factors that interfere with a parent's ability to provide nurture, warmth, and affection, and to make referrals to services.

Desired Results

Parents will have less depression and a greater sense of self-esteem and feel empowered to care for their children. Family support services will be more appropriately utilized as those in need of such services are identified. Measurements of child social achievement, emotional status, physical well-being, and cognitive attainment will show improvement.

Efforts in High-need Areas

Efforts will focus on school attendance, areas with poor performance, and areas with high rates of documented mental illness. Poverty, substance abuse, and welfare dependency may be linked to mental illness, and areas that have high rates of these populations should receive services.

Efforts among High-risk Groups

Efforts will focus on families with substance abuse, domestic discord, poverty, teen parents, and the socially isolated.

Action Step 3

Provide high-quality parent education through programs such as Act 135 Parenting/ Family literacy programs, Healthy Families America, Resource Mothers, or nurse-based programs.

Rationale

There are substantial data supporting the efficacy of home visitation programs. Although home visitation programs vary in type, quality, and emphasis, most focus on the role of parental warmth and affection in promoting child development.¹⁶ In general, families with few psychological resources, mental illness, poor educational status and a lesser degree of feeling control over their own lives demonstrated the greatest benefit. Data indicate that more effective programs involved a professional as home visitor.¹⁷ However, given the new economic demands on families, home-based programs

¹⁵ Orr, James, & Caspter 1992, Byrne & Rushton, 1998, Rushton, 1998

¹⁶ Allen, Brown, & Finley, 1995

¹⁷ Olds, Henderson, Kitzman, Eckenrode, Cole, & Tatelbaum, 1999

cannot meet the needs of some families. Suggestions for meeting the needs of working parents include adjusting the delivery system to provide services either to individual families or groups of families at the work place, in the late evenings, and at community centers or places of worship during the weekend.

Desired Results

Anticipated results should include increased knowledge of effective parenting practices that promote warmth and nurture in the home. This knowledge will result in more stimulating home environments for learning, enhanced parent-child interactions, and decreased rates of child abuse. Results will demonstrate lesser degrees of family stress and higher degrees of mutual support on follow-up socioeconomic screening and questionnaires. Children should have fewer injuries and more enhanced development as measured in domains of gross and fine motor control and language.¹⁸ Measurements of infant-maternal attachment, child emotional status, and child social well-being are likely to show substantial improvement.

Unfortunately, previous attempts to measure the effect of home visiting on the achievement of readiness benchmarks have not been as productive as anticipated. Nevertheless, it is clear that home visitation services have demonstrated improvement in parental knowledge and parent-child interaction. As *First Steps* requires documentation of success in promoting school readiness, careful study of existing evaluations of home-visitation programs needs to be done. *First Steps* programs should build on previous efforts to measure the long-term effect of their efforts, as described in the literature.¹⁹

Efforts in High-need Areas

School attendance areas with low performing scores and communities with high evidence of poverty should be given first priority for home-based parenting support. Schools in which high numbers of children are assessed with emotional difficulties or social problems will be targeted.

Efforts among High-need Groups

Populations deemed at-risk in the hospital nursery or by the DHEC post-partum home visitor would receive services. Measurements that define risk would include Medicaid recipients, substance-abusing mothers, or mothers identified as having difficulty in bonding with their infants in the hospital nursery. Mothers with evidence of mental illness, chaotic home situations, or feelings of loss of control over their own lives would benefit from this intervention. Families that have children with emotional and social problems who are in childcare, Head Start and school would receive services. Children with medical conditions that may interfere with school readiness, emotional problems or who are environmentally at-risk should be considered for services.

Action Step 4

Provide high-quality parenting education through pediatric EPSDT visits.

Rationale

Health care providers have influence over their patients. They are a non-stigmatizing source of family support that almost all parents now access early in their children's lives. Several recent health care initiatives, including Bright Futures and Touchpoints, have worked to increase the pediatrician's

¹⁸ Wagner & Clayton, 1999

¹⁹ Home visiting: recent program evaluations, 1999

capacity to support families in a warm and caring, but firm, approach to their children's nurture. The pediatric health supervision visit gives providers a unique opportunity to observe parent-child interaction, screen for maternal depression, and provide guidance in the creation of a warm and affectionate environment for the child. Pediatric health supervision goals include enhancing family strengths and promoting resiliency.²⁰

Newer modifications in parent-teaching techniques, such as Touchpoints, emphasize teaching parents skills that increase their sensitivity to the needs and developmental status of their infants, promoting an environment that is appropriate for the onset of learning. Maximal use of the health supervision visit involves continuing education for health care providers that enhances their ability to help parents provide a warm and nurturing environment.²¹

Desired Results

Lesser degrees of family stress, higher knowledge of child development, and enhanced parenting needs and skills should be demonstrated on follow-up socioeconomic screenings and questionnaires. Results may demonstrate an increased sense of control over family. Measurements of child emotional status and social well-being are likely to show substantial improvement.

Efforts in High-need Areas

Areas with high need frequently lack medical homes or providers who can be available for care. Efforts must be made to link families from low-performing school attendance areas with medical homes.

Efforts among High-need Groups

Specific efforts will be made with Medicaid families, substance-abusing mothers, children with physical or developmental defects, and families affected by domestic violence and conflict.

Action Step 5

Develop school- or center-based programs that provide a source of education and support for young families as they attempt to bond and develop a nurturing environment for their children.

Rationale

Many of today's parents are products of inadequate home environments themselves and have little positive life experience upon which to base their parenting style and technique. Public school pre-kindergarten programs (4-year-old kindergarten), Act 135 centers, Early Head Start/ Head Start centers, Parent Training Centers, parent-child centers,²² or high-quality child development centers can model a warm, affectionate, and nurturing environment and help parents learn skills necessary for the optimal outcome and school attainment of their children. In many centers, parents are required to work in the classroom for at least a half day each week with a "master parent" present, demonstrating techniques that provide cognitive and emotional support for the developing young children present.

Desired Results

Parent training experiences should result in increased parental involvement and responsibility regarding children's school readiness; increased teacher/parent collaboration on developmental and

²¹ Rushton, 1998, Brazelton 1992

²² Rushton, 1998

educational issues; greater feeling of parental empowerment; improved scores on measurement of parental stress; and improved developmental status in the child.

Efforts in High-need Areas

School attendance areas with low school-readiness scores should be given first priority to center-based parenting support.

Efforts among High-need Groups

Populations deemed at-risk in the hospital nursery or by the DHEC post-partum home visitor would receive services. Measurements that would define risk include Medicaid recipients, substance-abusing mothers, or mothers identified as having difficulty in bonding with their infants in the hospital nursery. Mothers with evidence of mental illness, chaotic home situations, or feelings of loss of control over their own lives would benefit from this intervention

Objective 2

Parents will increase their ability to provide structure, nurture, and stimulation to promote their child's optimal cognitive, language, physical, health, and social/emotional development.

Rationale

Parents are the first and most influential teachers of their developing children, and they are more capable of meeting the early developmental and educational needs for their children if they have appropriate skills and knowledge. Specifically, they are more likely to provide a structured home environment that provides children with cognitive and language stimulation, opportunities to develop motor and social competence skills, high expectations of appropriate behavior, and a firm spiritual foundation. Recent brain research has found that optimal child development is dependent upon two factors: (a) exposing young children to repeated opportunities to interact with educational materials through play and (b) doing so in the context of loving, nurturing relationships. **Clearly, it is not only *what* children learn but also *how* they learn it that affects early brain development and cognition.** Helping parents understand the importance of their relationship with their child and how they can have a positive impact on their child's brain development and learning capacity can provide motivation for parents to participate in parent education activities.

Cognitive Development

General knowledge in children is promoted by exposing them to diverse life experiences and providing explanations of what is seen and heard. Children's thinking-processes are enhanced by engaging them in strong, consistent, nurturing adult relationships that are limited in number and involve discussion, questioning, problem-solving, prediction, and analyzing cause-and-effect or sequence of events. High levels of environmental stimulation that support developmentally-appropriate cognitive activity are associated with improved social and mental development and school achievement.²³ Research shows that parents can promote school readiness by helping the child learn basic information such as colors, number concepts, shapes, symbols (i.e. letters, universal symbols), and typical information (big-little, fast-slow) and by exposing the child to classical music.

Language Development and Communication Skills

Language development is actually the most prominent factor associated with cognition. The development of communicative competence (the ability to use the full array of human language skills

²³ Van Doorminck, Caldwell, Wright & Frankenberg, 1981

for expression and interpretation) is strongly influenced by children's experiences and environment.²⁴ Parents enhance language development and communication skills of children by engaging in substantial dialogue, using rich language, and reading to their children frequently. Children who are exposed to books and early reading, who use books for fun, interpret the pictures within, and learn to follow the plot of the story develop emergent literacy skills that promote school readiness.²⁵ Other ways that parents can promote school readiness include using appropriate grammar and syntax; expressing emotions verbally, yet not offensively; limiting television and video watching to programs with educational value; and exposing the child to foreign language consistently in early childhood.

Emotional Development, Social Competence and Mental Health

The foundation of healthy emotional development in a child is a strong, consistent relationship with an adult who adores the child. This relationship is characterized by an "irrational" attachment - the unconditional, "head-over-heels" love that provides the motivation for the intense, never-ending job of parenting.

Socialization of young children includes promoting a sense of emotional well-being. Parents enhance emotional well-being through providing a home with appropriate warmth and nurture, structure, and protection from emotional and physical abuse or exposure to violence. A child's experiences with other children in the preschool years help him develop social skills and confidence that enable him to make friends in the early school years, and these experiences further enhance the child's social competence. Conversely, children who fail to develop minimal social competence and are neglected or rejected by peers are at significant risk to drop out of school, become delinquent, and experience mental health problems in adulthood.²⁶ Being loved by one's parents is extremely important, however, so is being liked by the world. Learning how to take care of possessions, share, and use manners, and knowing how to behave in a library, cross the street, or negotiate your turn with a toy are just some of the many skills and behaviors that parents need to convey to their child in order for the child to be able to function successfully in school. Unfortunately, many parents have never been taught some of these skills themselves.

Parents can promote social skills through modeling of appropriate behavior, guidance and explanation, corrective feedback, and offering ample interaction with other adults who model desirable interpersonal relationships. Knowing what behavior and language is appropriate or acceptable in a situation is an important skill. Children develop this understanding when consistent limits and realistic expectations of their behavior are clearly and positively defined. Understanding and following simple rules can help children develop self-control. Children feel more secure when they know what is expected of them and when adult expectations realistically take into account each child's development and needs. Parents need to have the skills to provide this instruction in a manner that encourages positive, constructive relationships between children and persons in their surroundings.

²⁴ Hart, B., & T. Risley. 1995. *Meaningful differences in the everyday experiences of young American children*. Baltimore: Paul H. Brookes

²⁵ Teale, 1984, Teale, 1986, Snow, 1991

²⁶ Asher, S., S. Hymel, & P. Renshaw, 1984. Loneliness in children. *Child Development* 55: 1456-64.
Parker, J.G. & S.R. Asher, 1987. Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychology Bulletin* 102 (3): 357-89

Positive, supportive relationships appear essential, not only for cognitive development, but also for healthy emotional development and social attachment.²⁷ Families with overly aggressive children have been shown to lack parenting techniques emphasizing appropriate behavior.²⁸ Families with inappropriate expectations and understanding are less likely to provide appropriate guidance and instruction to their children.²⁹

Physical Health and Development

Children cannot successfully engage themselves in a learning process if they do not feel well, are under-nourished, or are suffering from poor dental care. Parents need to arrange for appropriate health and dental care and nutrition, obtain treatment for physical disabilities, and ensure a child's safety from injury. Gross and fine motor skills are important determinants of school readiness, and children need the opportunity for safe physical play and exercise. Passive activities like watching TV should be minimized or, perhaps, avoided in infancy. An environment that possesses many interesting and captivating things, but is not chaotic, increases the developmental progress of infants and toddlers.³⁰

Efforts in High-need Areas

Programs could be located in areas with high mobility; high rates of poverty and single parenting; poor school attainment; high rates of parental illiteracy; high rates of children assessed as not ready for school or whose primary language is not English; and high concentrations of childcare centers that do not meet ABC quality standards. Programs could be integrated with core early-childhood programs that are of high quality such as kindergarten, preschools, Head Start, and nationally-accredited child development centers.

Efforts among High-needs Groups

Some families are more likely to lack basic skills to promote optimal growth and development in their children than others. These include mobile families separated from extended family support; families in poverty; single parents; parents with little education attainment or whose primary language is not English; those that don't access traditional sources of parenting information such as health care; those with children in low-quality childcare; and those that are overburdened and have multiple stresses.

Action Step 1

Provide a comprehensive approach to the teaching of basic parenting skills, built on principles of effective practices, that integrates current efforts between all: health care, social service and quality childcare providers; home visitors, preschools, Head Start, and school systems (including ACT 135 Parenting/Family Literacy and Even Start). These services may include pre- or post-natal screening and triage for parent education and support services, child- care, medical services, social services and others.

Rationale

Research has found that "one size" does not fit all in parent education. Families and communities in South Carolina are extremely diverse and there is every indication that, in the future, most

²⁷ Bolby 1969; Stern, 1985-DAP

²⁸ Patterson & Dishion, 1988

²⁹ Rushton: unpublished study

³⁰ Caldwell & Bradley, 1988.

communities will become home to a myriad of ethnicities and corresponding family structures and cultures. Developing a common, yet very flexible curriculum, that interrelates with other portions of the service delivery system will result in less confusion and greater opportunity to teach basic information about parenting. Different families have different levels of basic skills, and the potential of *First Steps* is best served by a coordinated, multi-faceted approach that helps each unique family improve its ability to promote children's optimal development. This multi-faceted approach needs to vary in intensity, be grounded in long-term relationships with children and families, and provide active learning experiences that enhance the parent/child relationship through development of specific parenting skills.

Desired Results

Results will improve parental knowledge, as demonstrated by retention and utilization, about appropriate child growth and developmental needs; better understanding of approaches to cognitive stimulation, including language and gross and fine motor, appropriate guidance and discipline; and greater satisfaction on the part of parents with the services that they receive. Children shall demonstrate improved gross, fine motor, and language skills, and emergent-literacy behavior.

Efforts in High-need Areas

All mothers in the larger obstetrical facilities will receive basic information from their health care providers, participate in a triage process, and will be provided with appropriate referrals for follow-up. Families from areas of the community with poor school attainment will receive comprehensive services.

Efforts among High-need Groups

Mobile families separated from extended family support; single parents; parents with little education; families that don't access traditional sources of parenting information such as health care; and families that screen positive for psychosocial stress will be targeted.

Action Step 2

Provide opportunities for parents and child to engage together in appropriate activities that enhance (a) cognitive abilities, including language, general knowledge attainment, and thinking processes, (b) gross and fine motor skill development, and (c) social competence in children.

Rationale

Many parent education programs such as Parents and Child Together and Parent/Child Home provide opportunities for parents and children to attend programs together. These structured times when parents and children are in an early childhood educational environment with a parent educator provide some of the most powerful opportunities for modeling. The parent educator can observe the parent-child dyad and use this information to adapt the parent education curriculum to meet the specific need of the parent and child. Just as important, the parent can witness how a trained early childhood professional interacts with the child to promote optimal learning and development. Many parent education programs or components schedule socialization activities for parents and children to provide meaningful content to the parenting curriculum. For example, the parent educator might plan a trip to the grocery store and coach the parent(s) on how to prepare the child for the experience and how this experience can be educational.

Much has been learned about the importance of providing children with early experiences in classical music and in immersion or exposure to a second language during the preschool years. Exposure to

classical music helps a child's brain develop synapses that have been shown to enhance its ability to understand and process mathematical concepts.

A primary strategy for increasing parental competency is to ensure parental involvement in the child's educational program. Research has found that a primary factor - stronger than economic status or family structure - in a child's school success is parent and family involvement in the school environment and academic activities.³¹ A key reason for this efficacy is the fact that parents can view and experience appropriate practice with children. Early childhood educators and teachers in public school kindergarten, preschools, childcare centers and Early Head Start/Head Start model appropriate cognitive stimulation and social competence activities that can give parents the basic knowledge and skills they need to guide their children. Public school kindergarten, Early Head Start/Head Start, and childcare centers, in particular, should offer strong models of appropriate parenting practice, especially if parents are encouraged to visit and help in the program itself.

Desired Results

Parents will exhibit improvement in general knowledge of parenting practices. Children will demonstrate greater progress on measurements of developmental status and cognitive attainment including gross and fine motor achievement, emergent literacy behaviors, and thinking processes. Improved measurement of parental self-esteem, parental feelings of positive development in their children, and use of more effective discipline techniques will be demonstrated. There will be more positive developmental family activities and routines, an increase in children's social interactions, and greater measurements of curiosity and exploratory behavior.

Efforts in High-need Areas

Areas with high rates of poverty, mobility, and single parents and poor rates of school readiness and academic achievement in the young adult population will be targeted.

Efforts among High-need Groups

Families that are in poverty, overburdened with multiple stressors, or have single, teen, or socially isolated parents will be targeted.

Action Step 3

Increase parental understanding of the importance of the first three years of life in early brain development and perception of what skills, knowledge, and behaviors are considered essential for their child's school readiness.

Rationale

Materials, supplies, and activities are not enough to enhance parents' ability to provide for the optimal development of their child. Recent findings regarding early brain development and its lifelong implications have empowered communities all over the country to address critical early childhood issues. This same information can empower and motivate parents. The use of easy-to-understand videos, such as the 20/20 special, "Parents as Teachers," can be very effective in helping parents understand the importance of their role as primary educators of their child.

Having a clear understanding of what is meant by "school readiness" and how school readiness is assessed is important foundational knowledge for parents. The current school readiness instrument

³¹ National Coalition for parent Involvement in Education, www.ncpie.org

enables teachers to observe and assess a child's developmental progress over time and plan educational activities based upon this assessment. Clearly, observing and planning are critical parenting skills as well. Parent education programs can utilize the school readiness instrument and corresponding training materials as mechanisms for increasing parenting skills such as observation, understanding of child development stages, understanding of child behavior, and understanding of educational environment.

Action Step 4

Promote the importance of language development and communication skills (i.e., listening, speaking, reading, writing, and dialoging) by having care providers offer activities in which the parents and child can engage together. These activities would provide age-appropriate literacy materials and early exposure to foreign languages. Encourage parents to promote language development and communication skills by enhancing their own listening, speaking, and reading skills and exposure to foreign language.

Rationale

Although there has been some improvement in recent years, it has been shown that children raised in a language-deprived environment and who are not shown books at an early age have decreased verbal IQ upon entry to school. Programs that promote the development of emergent literacy can be provided in a variety of settings. Research has shown that early childhood is the "window of opportunity" for children to learn languages. Children who are not exposed to a language during the first six years of life tend to have increased difficulty in learning that language. Programs that provide access to books, promote reading and dialoging with children, and offer a mechanism for foreign language exposure include those at public schools (Title I and Act 135 Parenting/ Family Literacy), Healthy Families America, libraries, Success by 6, and health care providers. Such programs can be expanded and intensified. In instances where parents themselves are deficient in reading skills, they can be referred to local literacy organizations. Parents who are illiterate can still be taught the importance of using picture books to promote the fun of reading with their children. Parents who lack a high school diploma can be encouraged to return to school or obtain their G.E.D. certificate so as to enhance their skills in providing a language-rich environment for their children.

Desired Results

Parents will report an increase in the amount of time spent reading and dialoging with their child. Home environment measurements will demonstrate an increase in the richness of the language environment, including books. Children will be assessed as "ready for first grade" with regard to expressive and receptive language. Parental will report a decrease in number of hours their children watch television in the home. Children will demonstrate an awareness of books and an interest in the pictures, the plot, and the importance of the written word.

Efforts in High-need Areas

Areas with high rates of illiteracy and children whose primary language is not English will be targeted. Efforts will be focused on areas impacted by poverty and high rates of school dropout. Literacy promotion activities will take place in libraries, childcare centers, school district facilities, businesses, and health care facilities. Programs with home visitors can focus on high-need areas that other services fail to impact.

Efforts among High-need Groups

Home visitors from a variety of auspices including public schools, health care, social services, community organizations, and faith groups will already be involved with populations at increased risk and those triaged for services as outlined in Action Step 3 above.

Action Step 5

Promote the importance and model the use of daily routines in a child's life.

Rationale

An essential component of family/home structure is the presence of daily routines. Routines provide consistency to a child's experience and are key to the development of feelings of security and safety. Children who grow up feeling safe and secure also develop a healthy balance of trust. On the other hand, children who experience daily life as chaotic, confusing, and overwhelming tend to be over-vigilant, fearful, and lack the ability to focus and attend to tasks.

Family routines should include time to nurture children by holding, cuddling, and rocking them, and by verbal interaction through talking and singing. Time can be set aside for reading and talking to young children, for playing music, and exposing children to sounds and social games such as pat-a-cake and peek-a-boo. Toddlers and older preschool children need to have time to explore their environments. Television watching should be limited, ideally to less than one hour and to programs appropriate for young minds. Routines include set patterns for sleep behavior that are age-appropriate, meal time routines, and routines for taking care of personal possessions (i.e., clean up time).

A major part of preschool development is learning appropriate social practices and responses. This activity is promoted by a family experience that is largely predictable to the growing toddler. Regular routines giving young children concrete knowledge about what is expected of them have been found to promote positive educational and behavioral outcomes.³²

Parental routines that control the structure and content of the preschool environment have a direct impact upon future school readiness. For example, research indicates that children's future literacy skills are influenced by the degree of control that parents exert over their children's television watching.³³ A routine that involves watching television with children and discussing the content thereafter has been associated with fewer problem behaviors.³⁴

Family routines should involve everyone in the home. Keeping in contact with friends and extended family provides support for young parents. Both fathers and mothers need to have well-developed roles that enable them to participate in the nurture and growth of their young children. Other children in the family need attention, too, and can be engaged in the raising of their younger siblings. Parents need some quiet time to themselves in the course of their daily routines.

Desired Results

Parents will report that daily life revolves around consistent routines. Children will adapt smoothly to school routines.

Efforts in High-need Areas

³² Maccabe & Mookin, 1992

³³ Teale, 1984

³⁴ Morrison & Gleit, 1993

Areas with high rates of poverty, mobility, and single parents, and poor rates of school readiness and academic achievement in the young adult population will be targeted. Home visitors from a variety of auspices including public school, health care, social services, community organizations and faith groups will be involved with populations at increased risk and those triaged for services as outlined in Action Step 3 above.

Efforts among High-need Groups

Families that are in poverty, overburdened with multiple stressors, or have single, teen, or socially isolated parents will be targeted.

Action Step 6

Provide families with resources to assist them in their efforts to (a) instill in their child strong values, (b) build personal character in their children, and (c) guide them to responsible and healthy behavior.

Rationale

Children in homes without adults who have high, yet developmentally-appropriate, expectations of the child or who do not live within a framework of respectability and responsibility are at higher risk for poor school attainment and risky behaviors. Young children need support in the development of character. Children should develop a sense of who they are within their family's ethnic and cultural context. Children are taught the enduring values of honesty, hard work, discipline, respect for self and others, responsibility, and of doing unto others as they would have done to themselves - a way of doing things that focuses on helping rather than hurting - by example.

Parents are models for their children. Children will become what they see and hear. Cognitive development, child self-esteem, and emotional and behavioral growth are positively affected by teaching children about their cultural and ethnic backgrounds.³⁵ Regardless of ethnic or cultural background, the development of a strong internal framework of right and wrong is an important part of children's maturation.³⁶ The development of positive character traits that enable a young person to interact with others in society and, thus, to learn and achieve in school are an integral part of current programs. Schools, home-visiting programs, and Head Start programs all work on character development and should be strengthened and expanded.

Faith communities have traditionally been sources of support for families and individuals who are facing challenges. They have assisted parents in the raising of their children through spiritual guidance and a caring, neighborly system of support, including financial aid for those most at need, or respite care. Spiritual institutions frequently are the repository of basic cultural and ethnic values that contribute to the family's sense of place and being.

Desired Results

Parents will demonstrate a commitment to developing positive character traits in their children. Children will develop a sense of pride in themselves and exhibit positive character traits that are appropriate for their developmental level (i.e., throwing trash away, sharing, speaking respectfully, etc.)

³⁵ Spencer, 1985, Moore et.al, 1999

³⁶ National Commission on Children, 1991, Bright Futures, 1994

Efforts in High-need Areas

Families in need of spiritual guidance and other resources for character development for their children are not identifiable by income, race, creed, or other broad descriptions. Nevertheless, some geographic areas find little in terms of role models and displays of honesty, hard work, and respect for life and property. Faith communities, neighborhood centers, and civil servants such as police and emergency workers can assist schools and other parent education programs in this area.

Efforts with High-need Groups

All children and families can benefit from programs that emphasize and promote positive character development and provide positive role models. Home visitors from a variety of auspices including public schools, health care, social services, community organizations and faith groups will be involved with populations at increased risk and those triaged for services as outlined in Action Step 3 above.

Action Step 7

Develop educational resources that can provide parents with materials, guidance, and information to promote optimal child development, such as parent resource and toy-lending libraries.

Rationale

Providing parents with appropriate resources that encourage parent-child interaction and stimulate cognitive development, and modeling their use will help parents understand the importance of their role as their child's first teacher. These resources should include educational videos on early brain development, challenging parenting situations with demonstrated solutions, and other relevant child development and parenting information. Educational resource centers can be developed in conjunction with child development centers; Early Head Start/Head Start programs; home-visiting programs such as Title I and Act 135 Parenting/Family Literacy; Healthy Families America; preschools; and public libraries. As their children's primary teachers, parents need access to materials supporting cognitive development and knowledge of appropriate use. Because of poverty or lack of knowledge, parents may not have such materials. Loans should be made only with demonstration of appropriate, developmentally-focused activities that encourage cognitive development.

Desired Results

Results will include improved parent-child interaction and improved child development in all areas of cognitive function, including motor skills, language, emergent-literacy behavior, and children's thinking processes. There will be improved school readiness scores upon arrival at first grade.

Efforts in High-need Areas

Toy-lending library programs will concentrate on areas that are part of families' natural environments such as childcare, libraries, Early Head Start/Head Start, and public schools. Areas impacted by poverty and poor school readiness scores will be focused upon by Title I and Act 135 Parenting/Family Literacy, Early Head Start, Healthy Families America, and other home visiting programs.

Efforts among High-need Groups

Home visitors will be involved with populations at increased risk as defined by *KIDS COUNT*. Groups impacted by poverty will be high priority for toy-lending library programs.

Objective 3

Parents will promote positive attitudes about school and lifelong learning, and will be active participants in their children's care and education.

Action Step 1

Provide opportunities, mechanisms, and training to assist parents to partner with teachers, parent educators, and caregivers and become engaged in the programs that are serving them and their young children, including thorough participation in decision-making.

Rationale

"Family involvement is essential if we are to give each child a high quality education and a safe, disciplined learning environment. Students do better in school when there is meaningful parental and community involvement in learning. The American family is the foundation on which a solid education can and must be built. Strong families and strong schools make strong communities."³⁷

Research has clearly shown that programs must work *with* families rather than doing something *to* or *for* them in order to be effective. This is especially true when attempting to increase parents' competencies in promoting optimal development of their child. When families take part in their young children's education programs, children do better in school, and the quality of their education can improve.³⁸

Evidence shows a strong connection between parent and family involvement in schools and children's academic achievement, attendance, attitude, and continued education.³⁹ Families may not become involved if they do not feel that the school climate - the social and educational atmosphere - makes them feel welcomed, respected, trusted, heard, and needed. Research⁴⁰ suggests a connection between the school climate and the extent to which parents and families are involved in their children's education. When schools, early childhood care, and education programs create a positive climate by reaching out to families and providing structures for them to become involved, the result is effective program-school-family partnerships. Many factors contribute to the ways parents relate to school and how they view appropriate levels of involvement⁴¹ such as a history of bad experiences with schools, a general lack of trust of institutions, a traditional deference to education, a tendency to equate teachers' questioning with displays of disrespect, and the lack of English language skills.

Title I requires local education agencies to reserve funds from their Part A (basic programs) allocations to fund parent involvement including such activities as family literacy and parenting skills education.

Desired Results

Programs will demonstrate creativity in outreach and flexibility in strategies to increase parent/family involvement. Parents will report an increase of involvement in their child's education, both at home

³⁷ Riley, 1997

³⁸ Early Childhood Digest: Family Involvement in Early Childhood Programs: How to Choose the Right Program for Your Child, May 1998

³⁹ Henderson & Berla, 1994; Hickman, 1996

⁴⁰ Comer & Haynes, 1992; Epstein & Dauber, 1993

⁴¹ Ritter, Mont-Reynaud, & Dornbusch, 1993

and in early childhood care and education programs. Parents will report that early education and care programs actively seek parental involvement and provide a variety of paths for this. Parent and teachers will report a sense of partnership between home and school. Early care and education professionals will report an increase in parental involvement of parents in the educational processes and in the program as well as an increase in the child's cognitive development and social competence.

Efforts in High-need Areas

Areas with high rates of poverty, mobility, and single parents, and poor rates of school readiness and academic achievement in the young adult population will be addressed.

Efforts among High-need Groups

Families that are in poverty or overburdened with multiple stressors or have single, teen, or socially isolated parents will be targeted.

Action Step 2

Parents will monitor the relationships that their children develop and maintain with adults. Programs serving children (school- and center-based) will collaborate with parents and include parents in the planning and decision-making process.

Rationale

Children's development in all areas is influenced by their ability to establish and maintain a limited number of positive, consistent primary relationships with adults and other children.⁴² These primary relationships begin in the immediate family but extend over time to include extended family, parents' friends, caregivers, teachers, and members of the community.

Desired Results

Parents will understand the importance of primary caregiving and negotiate relationships for the child, particularly the very young (non-verbal). Parents will limit the number and intensity of interaction with adults who are not bonded to the child. Programs working with children and families will promote the role of parent as the primary link in the circle of care and education.

Efforts in High-need Areas

Areas with high rates of poverty, mobility, and single parents, and poor rates of school readiness and academic achievement in the young adult population will be addressed.

Efforts among High-need Groups

Families that are in poverty or overburdened with multiple stressors or have single, teen, or socially isolated parents will be targeted.

Action Step 3

Incorporate fathers into program activities and into the lives of their children in ways that promote optimal development.

Rationale

Fathers have types of activities in which they commonly involve themselves in the raising of their children. Children's play with their fathers is often more emotionally charged, giving children experience in learning to recognize and respond to emotionally-laden situations. Fathers give children

⁴² Attachment and loss: Vol.1 Attachment. New York: Basic.; Garbarino, J., N. Dubrow, K. Kostelny, & C. Pardo. 1992. Children in danger: Coping with the consequences of community violence. San Francisco: Jossey-Bass.

practice in regulating their own emotions and responding to the emotional clues around them. Absence of the fathers may contribute to inadequate cognitive stimulation. Some studies indicate higher cognitive developmental scores in children who have a close and warm relationship with their father.⁴³ Many current programs have focused on the role of mothers with little attention to the need that children have to be exposed to their fathers. This focus has resulted in a marginalization of fathers, and appropriate changes in practice need to occur on the part of all service providers to encourage paternal involvement.

Recent data from The Sisters of Charity Foundation in Columbia, South Carolina emphasize the importance of involvement from fathers in the cognitive activities of their children. These findings correlate with a number of studies from the academic literature stressing the importance of the presence of fathers in the home and the need for fathers to possess basic skills in the rearing of their children.⁴⁴ A variety of methods can be used to encourage participation of fathers in their children's lives. Parent-child centers in New England incorporate vocational training programs, such as automobile mechanics into their centers, to get fathers to attend then encourage them to participate in the childcare center. Some home-visitation programs target fathers and their needs, encouraging the father to be present when home visits are made. Working with fathers requires a considered change in the way in which many service providers deliver care to families with young children.

Desired Results

It is anticipated that involving fathers will improve child development status and increase reports of fathers actively involved with their young. Active involvement of fathers should result in less maternal depression, less emotional instability on the part of children, and improved interactional skills between young children and those around them.

Efforts in High-need Areas

Neighborhoods with high rates of single parents, unemployed young men, and high school failure will be targeted. Efforts will be focused on school districts with poor school readiness scores and districts with high rates of poverty.

Efforts among High-need Groups

Families with single parents, teen mothers and fathers, or socially isolated parents will be targeted. Fathers who are unemployed or have had poor academic success themselves will be targeted.

Objective 4

Parents will access services and advocate for their child's educational and developmental needs.

Action Step 1

Ensure that all children receive appropriate developmental surveillance and screening and that such efforts are conducted with parental input. Efforts should promote parents' understanding of their child's status and the sharing of information between service providers to ensure that all appropriate developmental services are provided to the child.

Rationale

⁴³ Horn, 1996

⁴⁴ Horn, 1996

In order to ensure readiness for school, it is important to identify developmental problems as early as possible and bring appropriate services to bear on these delays. Parent education programs have traditionally been involved with a variety of child-find programs, programs that attempt to find children who need intensive preschool support. These programs usually screen children at three years of age. Head Start also performs screening at this age. Developmental surveillance implies on-going observation of the child's progress with families and is provided in health care facilities as part of routine well-childcare and by home visitors in most programs. Developmental surveillance allows providers of care to observe children over time and acquire a better picture of the acquisition of normal function and cognitive skills.

Screening children's developmental progress, not only allows additional services to be provided when indicated, but allows parents to have a better understanding of normal child development and respond appropriately. Current services are not adequate to screen all children who are in need. In addition, often hampered by issues of confidentiality, various service providers do a poor job of communicating findings among themselves.

Desired Results

Results will include increased identification of children in need of early education and developmental services. Performance on school readiness tests will improve. Increased understanding on the part of parents of child development should occur.

Efforts in High-need Areas

Efforts will focus on school attendance areas with poor performance and high rates of children in special education; areas impacted by poverty; areas that suffer from high rates of substance abuse; and areas with high rates of teen pregnancy.

Efforts among High-risk Groups

Efforts will focus on teen father and mothers; families with substance abuse, domestic discord, and poverty; and those who are socially isolated.

Action Step 2

Parent education programs will advocate for and promote parental involvement in the educational process and programs serving their children. Parents will have positive attitudes about the importance of lifelong learning and school.

Rationale

When parents believe that their own involvement is important, they are more likely to communicate the importance of school to their children.⁴⁵ Parents' perceptions of their influence in program decision-making and of the quality of parent-professional relationships are positively related to their satisfaction with and their children's success in the program.⁴⁶

Desired Results

⁴⁵ Nedler, S.E., and O.D. McAfee. *Working with parents*. Belmont Calif.: Wadsworth, Inc., 1979.

⁴⁶ Bronfenbrenner, U. "Who Needs Parent Education?" Paper presented at the Working Conference on Parent Education, Mott Foundation, Flint, Mich., 30 September, 1977.

Parents and children will have positive attitudes towards school and lifelong learning. Programs will report increase in parent-program partnerships.

Efforts in High-need Areas

Efforts will be focused on school attendance zones with poor rates of academic achievement and parents who have not completed a high school degree.

Efforts among High-need Groups

Efforts will focus on children and families that report a high degree of disassociation from school and programs.

Action Step 3

Provide training for health care workers, childcare workers, home visitors, and early childhood educators on the importance of treating parents as the primary decision makers and teachers for their children.

Rationale

Too often, busy providers of care across disciplinary lines fail to respect the cultural beliefs, concerns, and expertise of parents. If health and childcare providers and others involved with young children expect to realize everyone's full potential, they must understand the importance of working with parents and other family members. Training in newer techniques, such as Touchpoints, will enhance medical providers' ability to assist in developing appropriate parenting practices.⁴⁷ Childcare workers also need to be taught the importance of working interactively with parents as the primary caregivers. Home visitors need to respect the primary role of the parents, and allow parents to be responsible by assisting them with their decisions around parenting, not making those decisions for them. School district parenting/family literacy programs specifically focus on using parents as the primary educators for their young children.

Desired Results

Parent-focused care should result in better satisfaction with service providers and greater feelings of parental empowerment. Health care practitioner, childcare worker, home visitor, and early-childhood educator satisfaction should improve. Measurement of parent function and child well-being will improve. Specifically, there should be improvement in measurements of parent-child interaction.

Efforts in High-need Areas

Efforts will focus on areas that have substantial access to health, early childhood education, home visitation, and childcare providers.

Efforts among High-risk Groups

Efforts will focus on childcare, health care and other social service providers who traditionally deal with families considered at high risk for poor school achievement.

Objective 5

Parents will develop a healthy informal support system and community.

Action Step 1

⁴⁷ Green, 1994, Brazelton, 1992

Work with existing neighborhood organizations to promote positive parenting through “mother’s morning out” groups, neighborhood block parties, faith-based organizations, and other mechanisms that encourage families within neighborhoods to interact and support each other. Use neighborhood organizations to help coordinate existing services.

Rationale

Just as toddlers need structure, families need the support and care of those around them. Cooley talks about the most important supports in a family’s life being natural ones, such as family and close friends. Second in importance are the informal supports, including neighbors and churches. Important, but less so, are the formal systems of support: schools, health care, social service etc.⁴⁸ Any serious attempt at promoting school readiness in our children needs to promote the use of these natural and informal supports that families draw upon. Formal support systems should work through and reinforce natural and informal supports, whenever possible.

Desired Results

Better parental self-esteem, improved parental feelings of positive development in their children, and use of more effective discipline techniques will be sought. Ultimately, there will be improved measurements of child self-esteem and development in the areas of language and cognitive behavior.

Efforts in High-need Areas

Efforts will focus on school attendance areas with poor performance. Focus of activities should be on geographic areas with high mobility and high rates of single parenting, and areas in which wage-earners have to travel great distances to reach their place of employment. Neighborhoods characterized by poverty, substance abuse, and social discord need attention.

Efforts among High-risk Groups

Efforts will focus on teen fathers and teen mothers; families with substance abuse, domestic discord, and poverty; and those who are socially isolated.

Action Step 2

Work with the media to develop stories and public service announcements that feature effective parenting and highlight positive character traits. Help families know the effect of media on their children.

Rationale

The media have powerful effects on audiences. Too often, the material to which young families are exposed has a negative effect on character development. Parents can be assisted in ensuring good moral and character development through positive media messages and through training materials that help them recognize the negative and beneficial effects of exposing their young children to media.

Desired Results

Working through media will increase public awareness of the importance of good character education and the effect that the media have on the moral and cognitive development of young children. It will enhance parents’ and young children’s sense of moral well-being. By improving interpersonal interactions, it is anticipated that there will be improvement in child development.

⁴⁸ Cooley, 1992

Efforts in high-need areas and groups

All areas will be focused on through broad media markets. This is appropriate since deficient morals and character affect all areas and groups in South Carolina.

Action Step 3

Use business people, service clubs, Boys and Girls Clubs, resource mothers, home visitors, early childhood educators, and faith communities to guide, train, and mentor young families that need support in the development of positive character traits.

Rationale

Mentoring can have a positive effect on those with little personal sense of morality or positive character. Providing positive role models to work with young adults and their children can help develop character traits that will assist with educational readiness. Individual and group training regarding character development can reach many parents through these organizations.

Desired Results

Working through mentors will improve interpersonal skills, resulting in less domestic discord, better parent-child interaction, better discipline practices, and less child abuse and neglect. Better parenting will lead to improved performance on the part of the child on measurements of gross and fine motor control, emergent-literacy skills, and thinking processes.

Efforts in high-need areas

Efforts will be focused on school attendance areas that have poor rates of academic achievement or are composed of children with poor social skills.

Efforts among high-need groups

Efforts will focus on populations with high risk of poor school attainment or difficulty with social skills.

SOUTH CAROLINA



Getting children ready for school.

IMPROVING SCHOOL READINESS THROUGH PARENT EDUCATION: A GUIDE FOR S.C.

by Elsbeth Brown, Ph.D.
Institute for Families in Society
University Of South Carolina
Summer 2000

Program Descriptions

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Improving School Readiness through Parent Education: A Guide for S.C.

Program Descriptions



Program Name: **Advance Family Support and Education Program**

Provides training and support at over 43 family centers located in housing projects, schools, churches, Boy's Clubs, and other community centers. Support includes English classes; G.E.D. classes; on-site college courses; health, mental health, social, and employment services; as well as recreational, tutoring, mentoring, scouting, and scholarship services for children. Childcare and transportation services are also available. Resources for parents include parent education classes for both fathers and mothers, early childhood stimulation classes, and a bilingual parenting curriculum consisting of 30 units in child growth and development. The parent program consists of a weekly three-hour class that meets for nine months. Parents make educational toys they can use to teach children at home and receive a "possibilities sheet" listing the various (auditory, visual, and so on) learning activities the materials can be used to teach. Parents also learn about nutrition and children's physical and cognitive development, and interact with community members who come to the Center to talk about what they do and the resources they have to offer. The following are also available through the Advance Center: some on-site college courses; childcare; volunteer opportunities (including work in the daycare center that can lead to Health Assistant certification); fatherhood and couples classes; parenting classes for teenage mothers; training on Institute's research and policy information.

Population

Five thousand low-income parents and children (mostly Hispanic), K-3, from San Antonio, Houston, Brownsville, McAllen, two communities in the lower Rio Grande Valley and Puerto Rico. The program is currently being expanded to Dallas, Corpus Christi, Laredo, El Paso, and Kansas.

History

Advance started in San Antonio in 1973. The purpose of the Centers is to help each family member in high-crime communities survive, develop, and become responsible, productive, contributing members of society. The Centers' primary population has been poor, Hispanic families, but the curriculum has proven effective with poor African-American, American-Indian, and Anglo families as well.

Keys to Success

Recruit parents in the neighborhood door to door. After initial visit, program staff conduct up to four follow-up visits so parents know they are valued and that it is important for them to be involved in the effort. Program staff speak the language of the parents (mostly Spanish) and provide transportation. A van picks up parents and children and staff may even help kids get dressed and ready to go - whatever is necessary to get the parents and children there.

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Events are scheduled so that they do not interfere with the start or close of school. Parenting skills classes are also provided. In the Advance program, staff usually visit parents once a month (more for teen parents) to observe them interacting with children, videotape them and bring the tape to parenting skills class where all of the parents give feedback. Hire within the program; seventy-percent of program staff are parents who have gone through the program.

For further information, contact

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Program Name: **Even Start Family Literacy Program**
Title I Part B, Elementary and Secondary Education Act of 1965

The purpose of Even Start is to help break the cycle of poverty and illiteracy by improving the educational opportunities of the nation's low-income families. Even Start wants to accomplish this by integrating early childhood education, adult literacy (adult basic and secondary education or English-as-a-second-language), and parenting education into a unified and holistic family literacy program.

Under the Even Start program, the U.S. Secretary of Education provides Federal financial assistance to local, family-centered education projects which help parents gain the literacy and parenting skills they need to become full partners in their children's education. Each local Even Start project is a cooperative project that builds on existing community resources to create a new range of services.

Even Start is an educational program that helps children and adults from low -income families achieve challenging state-content standards and student performance standards. It also supports education reform by addressing the following four goals of the eight education goals set by the National Education Goals Act:

1. All children will start school ready to learn.
2. All students will demonstrate competency in challenging subject matter...and every school will ensure that all students learn to use their minds well, so that they may be prepared for responsible citizenship, further learning, and productive employment in our nation's modern economy.
3. Every adult will be literate, be competitive in a global economy, and exercise the rights and responsibilities of citizenship.
4. Every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional, and academic growth of children.

Even Start defines family literacy as services provided to participants on a voluntary basis that are of sufficient intensity in terms of hours, and of sufficient duration, to make sustainable changes in a family, and that integrate all of the following activities:

- a. Interactive literacy activities between parents and their children.
- b. Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children.
- c. Parent literacy training that leads to economic self-sufficiency.
- d. An age-appropriate education to prepare children for success in school and life experiences

In South Carolina, school districts working with families that need an intense intervention to change intergenerational patterns associated with low literacy and under-education are required to use a more holistic and integrated approach to family literacy.

For further information, contact

S.C. State Department of Education
500 Rutledge Building
1429 Senate St.
Columbia, SC 29201.

Program Name: **Confident Parenting**

Parents often feel controlled by their children's misbehavior because they do not know how to set limits effectively. They may pay so much attention when their children behave badly that they forget to notice the cooperative and peaceful times. Confident Parenting Program teaches parents how to pay attention to and how to increase the times when their children are good. It also teaches effective limit-setting procedures so that parents will not feel victimized by their child's misbehavior.

The program provides parents with effective skills to manage such child behaviors as

- disruptiveness,
- fears,
- Shyness,
- tantrums,
- bedwetting,
- restlessness,
- disobedience,
- laziness, and
- aggressiveness.

Parents learn skills of effective praising, effective ignoring, mild social disapproval, "time out" procedures for misbehavior, and setting up special incentive systems. These parenting skills are taught through a regular sequence of instructor demonstration, parental role-playing and home-behavior-change projects.

The Confident Parenting Program has been used for over a decade within community mental health agencies, and it was selected to represent the social learning or behavioral approach to parent training as part of the continuing education program sponsored by the National Institute of Mental Health.

Its versatility and utility is reflected in the fact that it has also been used extensively in child abuse programs, regular and special education settings, Head Start agencies, private practices, and in churches and temples. Its value-free application of child management skills has allowed for its successful use with a wide variety of ethnic minority groups.

The program is conducted for small groups of parents in ten two-hour sessions. It is best suited for parents of children aged 2 through 12, though it has been shown to be helpful with parents of all aged children.

Field test results indicate the CICC's Confident Parenting Program reduces the need for additional family or child services; significantly diminishes a variety of child behavior problems; and improves overall family relations and provides useful alternatives to corporal punishment. Thus, it can provide a community with an intervention to promote child mental health, prevent child abuse, and school failure. By so doing, the program also aids in preventing drug abuse, delinquency and gang involvement.

For further information, contact

CENTER FOR THE IMPROVEMENT OF CHILD CARING
11331 Ventura Boulevard, Suite 103
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Program Name: **Early Intervention for School Success (EISS)**

Program provides training for teams of teachers and staff to provide more effective instruction. Parent involvement is a key component. The training provides participants with an understanding of the developmental milestones that children face and with specific activities that parents can do at home with their children. Parents receive a set of "kid kards," each of which describes an educational activity for parents to do with their children. Each card also includes open-ended questions parents can ask to enhance children's learning and critical thinking skills. Ongoing assessment is a critical feature of this program.

Population

Has largely been implemented in California, but is expanding to include other states. Parents of children in grades preK-2.

History

EISS started in 1986-87 when 19 grants were awarded. To date, over 600 schools are participating in the EISS Program, and the program has served approximately 550,000 students.

Keys to Success

- Team Assessment
(observations, anecdotal records, portfolios, and the use of the Developmental Continuum by the classroom teacher and other staff members)
- Ongoing Team Conferencing
- Educational Planning Instruction
(...that is appropriate and challenging.)
- Parent Involvement Community Resources Evaluation
(team assessment of student progress and evaluation of program effectiveness)

For further information, contact

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Program Name: **Effective Black Parenting Program**

Raising children in our modern society is an extremely difficult task. This is especially true for parents of African-American heritage. Black parents face special problems that arise from our country's history of racism and discrimination and which make it more difficult for them to raise children who are successful and achieving adults. This seminar teaches a set of parenting strategies and child management skills from within an African-American perspective such as The Pyramid of Success for Black Children, Modern Black Self-Discipline, Effective Praising, and Chit-Chat Time. Parents learn to put these skills and strategies to work in their families so that they can raise proud and confident African-American children.

CICC's Effective Black Parenting Program, which is based on an achievement orientation to African-American parenting, provides an excellent learning and relearning context to help parents of African-American children do the best job possible. Its basic ideas are derived from the writings of African-American parenting scholars, from research with African-American parents, and from adaptations of parenting skills that have been found helpful in raising children of all ethnic and socioeconomic backgrounds.

Each of the parenting strategies and skills in CICC's Effective Black Parenting Program is taught by making reference to African proverbs like "Children are the reward of life" or "A shepherd does not strike his sheep." The systematic use of these proverbs helps to ground the teachings of the program in the wisdom and skillfulness of the African ancestors and is an example of one of the many ways that the program promotes cultural pride. Between 1979 and 1998, over 100,000 parents were enrolled and benefited from the program.

Effective Black Parenting Program is designed to be taught as a class for small groups of 15 to 30 parents. The class meets for fifteen three-hour sessions on a weekly or bi-weekly basis. The last session is a graduation ceremony where the parents receive certificates and deliver brief speeches. The class is often taught in schools, churches, mosques, agencies, community centers and even in private homes. The parents receive a Parent's Handbook that reinforces what the instructor teaches. The Handbook includes the activities the parents are to engage in at home as they apply the program's parenting skills. Parents report each week on their home use of skills and receive helpful feedback from their instructor and classmates.

A brief version of the program for large groups of parents is also available. The One Day Seminar teaches a shortened version of several of the program's parenting strategies and skills. The Seminar Version is designed for anywhere from 50 to 500 parents, and can be taught at any setting in the community that has a large meeting hall or auditorium. It has been used as an introduction to the complete program and as a vehicle for recruiting parents into the complete program. It has also been used as a gala, stand-alone educational event. Either type of use provides the participating parents with a stimulating day of training and with skills they can use immediately.

For further information, contact

CENTER FOR THE IMPROVEMENT OF CHILD CARING

11331 Ventura Boulevard, Suite 103; Studio City, California 91604-3147

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Program Name: **Families and Schools Together (FAST)**

FAST is a family support program that creates social opportunities to increase and improve interactions between families and schools, parents and children, parents and parents, and children and schools. The program is designed to enhance the social capital that develops naturally in families, including trust, shared values and standards of conduct. Structured as eight-week, multiple-family sessions, the program gives families an opportunity to participate in a variety of activities that provide for interaction, social skill building, communication, and recreation. Meetings are coordinated and facilitated by a trained collaborative team that includes school representatives; community-based professionals in the field of alcohol and drug abuse and mental health; and parents. The meetings always include a meal shared by parents and children, which the program considers one of the basic foundations of successful families. Other program activities include sharing feelings, group discussion, separate child/adult time, parent/child one-to-one time, and exercises in listening and communication. At the end of the eight-week program, families complete a graduation celebration and continue meeting for mutual support. The program's strengths lie in the relationship enhancement between parents and their children and between families and school personnel. The program reports improved behavior at home and school for students whose families have participated.

Population

The program is designed for local school children and their caregivers. Initially, it was implemented to address "at-risk" families but has adjusted its philosophy and goals to include all families. Program directors believe that due to rapid social change, all families - single parent families and dual working parents - are at risk to some degree or another.

History

The FAST program, developed by Dr. Lynne McDonald, originated in Madison, Wisconsin with a focus on schools connecting with at-risk families. It is still a statewide initiative in Wisconsin, with state appropriations of one million dollars per year. It grew first to other Midwestern states including Illinois, Iowa, and Michigan and is currently being used in 25 states across the country, D.C., and two Canadian provinces. Embraced initially as a Midwestern, more rural model, FAST has been delivered in urban areas as well and is seen as effective in all settings.

Keys to Success

School personnel come together with families in an informal setting and participate in non-professional tasks. The focus is on relationship building. Children sense a stronger partnership between their parents and their teachers.

For further information, contact

Families and Schools Together (FAST)
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Program Name: Family Outreach Program of State College Area School District

The Family Outreach Program of State College Area School District is a family support program designed to equip parents with positive parenting skills that build communication among parents and reduce parental stress. Through outreach to parents, parent classes, discussion groups, and connection with community services; the program strives to empower parents to recognize what they can do for themselves. Working with children, preK through 12th grade, the Family Outreach Program offers multiple opportunities for prevention and intervention with families, based on their needs and when they are ready. Following the model of Missouri based PAT (Parents As Teachers), the Family Outreach Program includes a well-established Teen Parents As Teachers program. TPAT provides monthly home visits to teen parents from certified parent educators, helping them prepare for childbirth and teaching them about child rearing and child development. The program works closely with Title 1, Even Start, and is well networked with community services that are available for families.

Population

The program serves parents of children, preK through grade 12, from middle- and low-income families in the district.

History

The philosophy of the Family Outreach Program began in the 1960s when the State College Area School District began focusing on adult education as a means for individual and family development. Services were provided under the Community Education Department and the program was known as the Community Education Home and Family Development Program until 1992 when community education experienced major funding cuts. The school district then moved program services to the Learning Enhancement and Student Services area, where the program is presently housed. When Connie Schulz began with the program in 1983, service providers were employed under a social service model and pay scale but were required to have teacher certification. The program has changed to reflect the specific needs of the community, and service providers have been raised to a professional role in the district with professional development opportunities, professional pay, and certification as Family Life Educators through the National Council on Family Relations.

Keys to Success

- A proven track record as a trustworthy resource supporting families
- Always focused on the best interests of families
- Helping parents feel good about what they can do for themselves rather than doing things *for* them
- An extended length of contact opportunities (preK-12)
- School District support (original funding through Title 1 and Vocational Ed but, presently, fully supported by the district).

For further information, contact

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Program Name: **Home Instruction Program for Preschool Youngsters (HIPPY)**

The Home Instruction Program for Preschool Youngsters (HIPPY) is a home-based program that helps parents provide educational enrichment for their preschool children. HIPPY begins with the basic tenet that all parents want the very best for their children. Nonetheless, not all parents know how to develop their children's potential. HIPPY is about helping parents to teach their children at home. The program is delivered by paraprofessionals who are members of the participating communities and themselves parents in the program. They visit participating parents in their homes biweekly to instruct them in using the HIPPY educational materials, which consist of thirty weeks of learning activities, nine story books, a set of 16 manipulative shapes, and a number of enrichment activities per year for three years. Each HIPPY program is supported by a professional coordinator whose primary responsibilities are selecting and supporting parents, organizing group meetings, developing enrichment activities, and training and supporting paraprofessionals. Each HIPPY site is sponsored by a local agency that holds a formal contract with HIPPY USA, the national training and technical assistance center for all domestic programs.

Population

HIPPY USA serves educationally disadvantaged 3- to 5-year-old children and their parents. It seeks to empower parents and increase disadvantaged children's success in school and, ultimately, in adult life.

History

HIPPY began in Israel in 1969 as a research and development project of Hebrew University in Jerusalem. In 1984, HIPPY came to the United States under the auspices of the National Council of Jewish Women. In 1991, it became an independent, not-for-profit education corporation. The HIPPY model has been replicated in over 107 sites in 25 states.

Key to Success

Follow the steps to implementation:

1. Review Program Requirements
2. Conduct Community Needs Assessment
3. Convene Preliminary Meeting
4. Secure Funding
5. Submit Application
6. Select Coordinator
7. Sign Contract

For further information, contact

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Program Name: The Los Niños Bien Educados Program

Latino parents, especially those who are Spanish-speaking, face unique challenges in raising children in the United States. This seminar is respectful of the unique traditions and customs of Latino families and is sensitive to the variety of adjustments that are made as they acculturate to life in our modern multi-cultural society. From the perspective of their specific cultural frame of reference, parents learn a sequence of proven strategies and skills for promoting and maintaining those child behaviors defined as constituting "bien educados" (well-educated in both a social and academic sense) and for reducing those reflecting "mal educados". This seminar can be offered in either English or Spanish and can be customized to the acculturation needs of the parents involved.

Parents are oriented to consider the potential causes of "mal educados." This includes teaching basic child development information to assist parents in arriving at age-appropriate expectations. Information about child abuse and child abuse laws helps broaden understandings of what is considered proper and improper parental behavior in the United States. All skills are taught with an awareness of the potential cultural conflicts that might emerge from their use and with sensitivity to the life circumstances of low-income Latino families. They are taught with the use of "dichos," Spanish sayings, to help nest them in a culturally and linguistically familiar context. Amusing drawings of family life also enliven the teaching of skills and concepts, and all sessions end with a "platica" where parents take leadership roles in solving common problems.

Population

Developed especially for Spanish-speaking and Latino-origin parents, this parenting skill building program is respectful of the unique traditions and customs of Latino families and is sensitive to the variety of adjustments that are made as Latino families acculturate to life in the United States.

History

It was written by Drs. Lupita Montoya Tannatt *and* Kerby T. Alvy who designed the program to be taught in Spanish or English consisting of 12 three-hour training sessions. Its initial field-testing in the 1980's was with newly immigrated Latino families and it was highly successful. Los Niños Bien Educados is based on child-rearing research with Latino families, the recommendations of Latino educators and mental health authorities, and adaptations of parenting skills that have been found to be helpful for parents of all ethnic and social class backgrounds.

Los Niños Bien Educados is now being used nationwide with a variety of Latino-Americans. It has become the centerpiece of parent involvement programs in numerous school districts, as well as serving as part of dropout prevention projects. It is also being used by a variety of communities as part of their efforts to combat child abuse, drug abuse, juvenile delinquency, gangs and crime.

For further information, contact

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Program Name: **Motheread/Fatheread (MR/FR)**

What is Motheread/Fatheread?

Motheread/Fatheread is a multi-faceted, humanities-based, family literacy program that uses children's literature as the texts for learning, with both adults and children, and serves adults with a wide variety of reading abilities and prior educational experience. It is a resource available for use by both established and new literacy and social service agencies. MR/FR targets families with parents who have poor reading skills but is open to any parent or grandparent, sibling, aunt and uncle, anyone who wants to share first-rate literature with children in their family or community.

How Does It Work?

The program begins by training instructors from local service agencies, organizations, churches, adult education programs, and libraries. "Using Story as a Way to Teach" is an intensive training institute in which participants learn how to implement the Motheread/Fatheread instructional model and curriculum in their local communities. They learn how to teach literacy development and parent education classes to adults and "storysharing" classes to children.

In teams of two, trained Motheread/Fatheread instructors then lead and teach classes in the community for adults and for children. A small group of parents meets with the instructors; reads a book aloud together; discusses the book's content and illustrations; and relates the book to their own lives and families. Parents become reading role-models for their children. By reading and discussing books with their parents, children sharpen their thinking and reading skills while deepening family bonds.

What Are Its Objectives?

- to improve parents' own literacy skills
- to increase reading to children by parents
- to increase parents' ability to use children's books as a means of introducing issues for family discussion
- to provide specific methods for sharing books with children
- to create a network among agencies working with children and their families thereby improving communication, resource sharing and the stimulation of collegial relationships
- to sharpen children's reasoning and literacy skills
- to deepen family bonds

Who Qualifies for Training?

Any organization or individual - staff and volunteers - interested in literacy, literature, parenting issues, adult education, or family support will benefit. Examples of those that can take advantage of Motheread/Fatheread include, but are not limited to:

- Social Service and Health Agencies
- Libraries
- Parenting Groups
- Health Care Agencies
- Workplaces

- Literacy Organizations and Agencies
- School Systems - public and private
- Shelters
- Public Housing Associations
- Adult Education
- Churches
- Childcare Centers
- Immigrant and Refugee Service Agencies
- Medical Care Facilities and Organizations
- Local and County-based Government Agencies
- Correctional Facilities

History

Nancy Gaj, founder and president of Motherread/Fatheread, based this organization on the conviction that parents are motivated by their own children's needs and interests, and that parents and children can strengthen their relationship through the sharing of stories. The program was created in 1987 in Raleigh, North Carolina to encourage parents to read by teaching them how to understand literature in the context of their own lives. Its first classes were taught at the North Carolina Correctional Center for Women, not only to improve the women's reading skills, but also to provide them with a positive and nurturing parental activity to share when their children came to visit.

Now Motherread/Fatheread exists in 18 other states besides Virginia. Successful programs have been held nationwide in inner cities and rural areas, in prisons, homeless shelters, churches, public libraries, and community service agencies.

The comprehensive program components include Motherread/Fatheread, designed for adults; Story Sharing, designed for children; and Baby Ready, Baby Steps, which is designed to teach teen-age mother and child health

For further information, contact

MOTHEREAD, INC.
3924 Browning Place
Suite 7
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Program Name: **Minnesota Department of Children and Families
Early Childhood and Family Initiative**

The Early Childhood Family Education Program (ECFE) is a parent-child enrollment program for all Minnesota families with children between the ages of birth and kindergarten. Local communities levy local dollars and access funding to set up programs that reflect local needs. Recognizing that families provide the first learning environment for young children, Early Childhood Family Education Program works to strengthen families and support the ability of all parents to provide for the healthy growth and development of their children. Program participants access and share information and develop skills for creating a healthy environment in which young children can thrive. Through learning programs, social opportunities, health screenings, and so on, parents learn to work with their children on communication skills, problem solving skills, expressing feelings, and more. Parents are engaged both as learners and teachers in the program and serve as advisers for program development. Program activities can be conducted at school sites, but are not limited to those areas. Some communities hold programs in apartment complexes, homeless shelters, churches, shopping centers, community centers, and so on.

Population

The program is designed for families of children ages birth to five who reside in the state of Minnesota. There are no "socioeconomic" eligibility criteria for families, but rather the program is based on the belief that all families can benefit from learning about the healthy development of young children. More than 265,000 children and parents participated in 1996.

History

The Early Childhood and Family Education Program was developed through policy movement with initial legislation passed by the Minnesota Legislature in 1974.

Keys to Success

- Universal access by all families
- Homespun approach - expensive equipment and supplies are not needed
- Local determination for program design
- Parental advisement for program development

For further information, contact

Lois Engstrom, Early Childhood and Family Initiatives Supervisor

Minnesota Department of Children, Families and Learning

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Program Name: **National Association of Partners in Education (NAPE)**

This is a national membership organization designed to improve education by creating partnerships between schools and communities. NAPE provides a series of publications outlines helpful hints for organizing school volunteer programs and business partnerships. NAPE has over 7,000 grassroots member programs. Strategic planning, partnership development, and communication are major components of the NAPE organization.

The organization offers the following services:

- Newsletter and multiple publications
- Training and technical assistance around the development of partnerships
- Annual symposium
- Database of national partnerships and their organizers
- Information for elected officials and state agency personnel.

Population

NAPE members are educators, community organizers, parents, business leaders, students, and retired citizens.

History

NAPE was formed in 1988 as a result of a merger between the National School Volunteer Program and the National Symposium on Partnerships in Education. In 1989 NAPE was designated as the National Center for Leadership in Partnerships by the U.S. Department of Education.

Keys to Success

Leadership is key to success. New leaders need to have the requisite skills to develop collaborative partnerships. Effective educational partnerships have high ethical standards that respect diversity and empower all stakeholders. It is important to set high expectations for all students. Services that support educational success must be coordinated and aligned.

For further information, contact

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Program Name: **National Coalition for Parent Involvement in Education (NCPIE)**

Over 50 national organizations have joined together in this coalition whose mission is to advocate for the involvement of parents in their children's education and to foster relationships between home, school, and community that can enhance the education of all young people. The group meets regularly to share information and work on collaborative projects. Its members have a number of publications available to the public.

Population

Membership includes the major education associations and advocacy groups in the United States.

History

NCPIE began as an informal group of organizations working on educational issues. Membership is open to organizations involved with education and community life.

Keys to Success

After examining a number of successful parent involvement programs, NCPIE feels that the following are essential for success:

1. Find out what parents need and where their interests lie when it comes to working with schools.
2. Develop a set of clear and measurable objectives that reflect community and family input. Have someone on staff whose primary responsibility is working with parents. This person should be bilingual if needed and sensitive to parental needs.
3. Use more than one means of outreach. Be sure that all communication is personal, goal oriented, and respectful of home language and culture.
4. Mobilize parents as volunteers and provide an array of volunteer options.
5. Provide needed staff development so that teachers know how to work effectively with parents.
6. Pay attention to the diverse needs of parents when scheduling events and activities.
7. Regularly evaluate the effectiveness of parent involvement efforts.

For further information, contact

c/o Sue Ferguson, Chair
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Program Name: **Parent and Child Education (PACE)**

PACE is based on the belief that the school performance of children is closely related to their family's educational attainment and economic status. The program's philosophy is that parent involvement in children's education is crucial to their academic success, but that parents feel unqualified to play an active role. PACE combines preschool, for 3- and 4-year-olds, with Adult Basic Education and parenting education in a daytime format. PACE seeks to raise parents' educational levels, to improve the children's learning skills to increase parents' educational expectations for their children, and to develop positive relations between home and school. PACE is a family support program that focuses on family literacy. PACE meets three days a week during regular school hours throughout the academic year. Parents and children arrive together, usually on school transportation. Breakfast and lunch are served at the school. Parents attend adult education classes for two hours while the children attend early childhood classes. PACE uses the High/Scope Educational Foundation curriculum for the children. The classroom program emphasizes decision-making and active learning. Parents teach children's classes for one hour. With the regular teacher serving as facilitator, parents use High/Scope materials with their children. While children take a nap at school, the adults spend this hour with a team of teachers, at the school, working on vocational, family, and life skills. During this Parents' Time, PACE uses the *PACE Family Resource Parent Time Curriculum* developed by the Family Resource Coalition in cooperation with PACE staff members and participants.

Population

PACE was initiated because of acute needs within Kentucky. When the program was established, the state ranked 50th in the nation in percentage of adults with high school credentials, and one in four children lived in poverty. The participating population tends to be white, female, and between 20 and 25 years of age. Fewer than half the participants receive AFDC, and fewer than half are from single parent homes. All but three participating districts are rural, and all are characterized by higher than average unemployment.

History

In 1986 the Kentucky Department of Education and the Kentucky General Assembly developed PACE to address the problem of the intergenerational cycle of illiteracy. Beginning with six pilot programs in 1986, new programs were added each year. In 1991 PACE was being implemented in 35 classrooms in 32 districts and counties throughout the state of Kentucky. Also in 1991 PACE was transferred from the Kentucky Department of Education to the newly created Cabinet for Workforce Development.

Key to Success

- Offer childcare for children too young to attend.
- Provide transportation from isolated areas.
- Recognize the diversity of adult learning styles, differing functional levels, and spend more time on introduction to the world of work.
- Provide effective follow-through services for "graduates," particularly in the area of employment referral assistance.

For further information, contact

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Program Name: **Parent-Child Home Program*(PCHP)***

The **Parent-Child Home Program*(PCHP)** is a proven, innovative home-based literacy and parenting program serving families challenged by poverty, low-levels of education, language barriers and other obstacles to educational success. Published research demonstrates that the Parent-Child Home Program prepares children to succeed in school and is a proven tool to prevent high school dropouts. PCHP participants graduate from high school at the rates of middle-class students. PCHP emphasizes the parent-child verbal interaction critical to early childhood brain development. PCHP is replicated in communities in the United States, Canada and other countries.

- PCHP is a home visiting program for families, with two- and three-year-olds, that have had limited access to educational opportunities.
- Participating families are visited twice each week for two years by trained Home Visitors.
- In play sessions with the parent and the child together, the Home Visitor demonstrates parenting techniques. The Home Visitor emphasizes verbal interaction and learning through play, using carefully chosen books and toys.

Why is the Parent-Child Home Program Special?

Home-based programming reaches isolated families who might not access center-based services because of transportation difficulties, language barriers, or other obstacles.

- The twice-weekly home visits are scheduled at the parents' convenience, so parents who are working, in school or in job training programs can participate.
- There is no direct teaching, instead behavior and interactions are modeled and will be adopted and adapted by the parents.
- There are no specific tasks for the parent or the child other than participating in the home sessions designed to spark verbal interaction and learning through play.
- The books and toys used as curriculum materials are gifts to the families.
- The home visitors are specifically trained in ethical standards and respect for families' privacy and ethnic and cultural heritage.

The Parent-Child Home Program is Effective

- Over twenty years of rigorous research demonstrate the program's success.
- Of the low-income, low-educated parents who are offered the program, an unusually high percentage of them accept and complete their two-year enrollment.
- PCHP parents develop high verbal responsiveness that continues into children's school years. Parents' verbal responsiveness to their children correlates with the children's scores in reading, math, task orientation, self-confidence social responsibility, and IQ.
- Reading and math standardized test scores of PCHP graduates were above national norms in elementary school.
- A study of PCHP graduates indicates that they graduate from high school at rates significantly higher than similarly situated children who did not participate in the program.
- PCHP strengthens families and prepares children to succeed in school by increasing parent-child interaction.

* formerly the Mother-Child Home Program.

- When families participate in the Parent-Child Home Program, their children develop the verbal and language skills necessary to be successful students.

The Parent-Child Home Program has 48 sites in the U.S. and 10 sites in other countries. The National Center for the Parent-Child Home Program promotes replication of the program, collects data and conducts research, provides training/technical assistance to state and local governments, communities and private interested in sponsoring Parent-Child Home Programs and certifies those sites as authentic PCHP sites.

For further information, contact

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Program Name: **Parent /Child Program**

The Parent/Child Program is an early childhood program that provides opportunities for parents to share their common interests, concerns, and accomplishments with other parents in a small discussion group setting. The program supports and encourages parents by enhancing personal growth and positive self-concepts. The Parent/Child classes meet for 1½ hours on weekday mornings, afternoons, and evenings and some Saturday mornings for six to eight weeks. During these sessions parents and children participate in joint activities devoted to visual arts, music, language development, role-playing, readiness skills, and gross motor skills. There are 20 general parenting classes offered, differentiated by the ages of the children. Additional opportunities include the "Wee Workout Exercise Program," which enrolls infants through 4-year-olds in motor development classes while parents become acquainted with stages of physical growth and development, and a program for teen, single, and low-income parents, which provides parenting and child development information for parents of "high-risk" children. This program encourages parents to become involved in adult education or vocational skills development classes.

Population

The program serves parents and their infants, toddlers, and preschoolers, in its regular classes, and infants through 4-year-olds in its motor development classes. The average family participates weekly or biweekly for two to three years.

History

The Parent/Child Program began in the late 1970s when a generation of educated parents were expressing interest in early childhood education and family life. Requests for child-rearing classes from middle-class families in Frederick County, Maryland, filtered into Frederick County Public Schools.

Keys to Success

1. Curriculum that is parent-driven ensures that parents' needs are met weekly.
2. Curriculum that is exceedingly diversified and exceptionally, developmentally-appropriate for young people provides parents with a variety of aspects of education.
3. The program is process- rather than product-oriented.
4. The director and staff are local people who know and are known by the administration of the school and community leaders.
5. The program is enhanced and grown creatively with a team that "steps out of the box" to confront challenges and address needs.

For further information, contact

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Program Name: **Parents as Educational Partners**

Parents as Educational Partners is a parent involvement program in Harts, West Virginia, that incorporates a family center, a parent coordinator, a parent telephone tree, parent volunteers in the schools, an after-school program, home visits, and parental empowerment to achieve true partnership between the school and the families it serves. The home visit component of the program includes Parent Liaisons and school staff meeting with families. Each visitor makes two home visits per month. A total of 56 home visits are conducted monthly. Parents have taken on the school board on important issues, like consolidation, and won. True empowerment has taken place. There is no staff or faculty lounge in the school. It is a family lounge, and all people who are responsible for the nurturing and educating of the youth of the community are welcome there. It is a place where teachers, parents, and community members can meet to support one another and work together for the betterment of the youth.

Population

The Parents as Educational Partners program works with families of children, preschool through 12th grade. The program works with all families from the community and outlying areas.

History

The program began with a family center located in an area central to the rural area served by the school. Not long after beginning the family center, a parent coordinator was hired. Initiated with a \$4800 grant from the Institute for Responsive Education that was matched with \$5100 from district Title 1 funds, the program has evolved and grown to build true parental involvement in contrast to the "token" involvement the district knew six years ago. It has expanded to the other elementary "feeder" school and to the high school.

Keys to Success

1. The program reaches out to families and builds trust.
2. Parents become empowered and have control of their children's education.
3. There is a heart to the program, school staff are local people and are committed to improving the lives of these kids.
4. No major decisions are made without parents.
5. Paid parent coordinator gives credibility to the program.
6. There has been a change in attitudes of school staff.

For further information, contact

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Program Name: **Parents as Teachers (PAT)** (also known as *Born to Learn*©)

Parents as Teachers is an early childhood parent education and support program designed to empower all parents to give their children the best possible start in life. This home-school-community partnership provides parents with information on child development from birth to age 5 and suggests learning opportunities that encourage language and intellectual growth as well as physical and social skills. A voluntary primary prevention program, PAT offers home visits by certified parent educators; group meetings where parents get together and share their experiences; periodic screening of overall development, language, hearing and vision; and a resource network of services in individual communities.

Population

The program serves families with children from birth to kindergarten. Participation in Parents as Teachers is voluntary and PAT programs are universally accessible.

History

The conceptual framework for PAT developed out of two Missouri conferences on early childhood and parenting education convened by the Department of Education in 1975 and 1981. In 1981, with strong support from the governor of Missouri, a pilot project calling for supportive services for families of children birth to age 3 was launched in four local school districts. In 1984, the Missouri General Assembly passed the Early Childhood Development Act and mandated parent education and screening of children in every school district in the state. In 1987, in response to worldwide interest in the program, the Missouri Department of Education established the Parents as Teachers National Center. To date, there are over 1,945 Parents as Teachers programs operating in 47 states, Washington, D.C. and several foreign countries. This program is typically used with families that can benefit from a weekly or monthly one and a half hour visit. Typical caseload for parent educators using this curriculum is 60 families.

Keys to Success

- National support, resources, and training, but locally driven and supported
- Can receive federal funds to support local PAT programs
- Strong support for parents leads to active parent involvement in children's schooling
- Involvement of entire community in outreach (hospitals, referrals from doctors and health and social service agencies, TV and radio publicity, and so on)

PAT/Born to Learn© Curriculum in the Childcare Center, Preschool & Kindergarten

PAT recognizes that quality childcare and preschool is critical to giving children of working parents the best possible start in life. Childcare centers, preschools and kindergartens incorporate PAT in their program because it provides caregivers and teachers with specialized training in child development, parent group meetings, and identifying red flags. PAT unites parents and caregivers in a partnership that benefits the child. Personal visits with families are provided at the center by the child's caregiver.

Quality Care: A Training for Family Childcare Providers

Family childcare providers offer an invaluable service to working parents. Studies show, however, that they are often isolated from other caregivers and may have little access to training in child development. Parents as Teachers is committed to improving the quality of in-home care. PAT offers a four-day training that enhances the provider's knowledge of

- child development from birth to age five;
- safety and health issues;
- appropriate discipline practices; and
- developmentally-appropriate learning activities.

The training also helps the provider work with families to improve communication, and establish and maintain partnerships with parents. The network that family childcare providers form during training becomes an ongoing support system. In addition, providers are linked to the PAT parent educator network for future training opportunities.

Training for Childcare Center Providers, Preschool and Kindergarten Teachers

Childcare centers, preschools and extended-day kindergarten programs are the option many working families choose for their childcare arrangements. Thanks to a wide variety of centers, parents can place their children in settings that best fit their individual needs. PAT provides a four-day training to childcare providers to enhance the quality of care they provide. Training topics include

- working and communicating with parents;
- child development information from birth to age five;
- indicators of developmental delays;
- learning through play;
- health and safety information;
- developmentally appropriate activities; and
- appropriate discipline practices.

Instructional Home Visiting and Effective Parent Involvement

This two-day training is designed for professionals working with families in the home in programs, such as Head Start, Even Start and other Title I, who will not use the Parents as Teachers curriculum but want to access expertise in home visiting. Training provides techniques for helping parents to be effective teachers of their children, guidelines for conducting home visits, and strategies for enhancing observation and communication skills. Parents as Teachers offers a five- and two-day training for professionals who serve teen families. The training includes

- building on family strengths;
- establishing positive relationships with parents;
- conducting effective home visits;
- helping parents be effective teachers of their children; and
- enhancing children's literacy.

For Programs That Adopt The Parents as Teachers Model

A six-day Parents as Teachers/Born to Learn® Institute with a special focus on teen parents is offered for professionals serving adolescents with children prenatal through age three. Participants receive the Born to Learn® Curriculum for implementation of the PAT program. The course addresses

- child development;
- personal visits;
- group meetings;
- developmental screenings of children; and
- resource networks.

This training has been adapted to include information about teen parents, their individual development and the issues particular to their circumstance.

For Professionals Working With Teen Parents (who do not adopt the PAT model):

Issues in Working with Teen Parents is a two-day training that provides

- an understanding of adolescent and child development;
- effective strategies to address problems associated with developmental parallels (teen and baby);
- a look at the relationships of three generations living in the same household;
- techniques to meet the needs of the father as an essential part of the child's life;
- an understanding of why peer support is critical in a teen's development; and
- sensitivity to the multiple demands on teen parents.

During this two-day course, participants receive the new guide, *Issues in Working with Teen Parents*, that offers resources, group meeting plans and handouts, all specially designed to meet the unique needs of teen parents and the programs that serve them.

Supporting Families Facing Critical Issues

All families face critical issues at some time in their lives. Some families find themselves facing significant financial, educational, self-esteem, or social acceptance issues. As a result, their behaviors and life chances are adversely affected.

Parents as Teachers offers a two-day training designed for professionals who work with such families. Participants gain

- effective strategies and interventions for helping families facing critical issues;
- insight to the diverse social and economic characteristics of families facing critical issues;
- knowledge of the critical issues families face in rural, urban and suburban communities; and
- understanding of welfare reform's effect on families, communities and service delivery.

This training also takes an intensive look at the community to learn about how some of the values and beliefs support and maintain a certain way of living.

Supporting Families of Children with Special Needs

One of the greatest challenges some parents face is learning that their newborn or young child has a health condition or developmental problem that requires hospitalization or special intervention. A child's uncertain outcome can be frightening and emotionally difficult for parents.

Supporting Families of Children with Special Needs, a two-day training with guide, provides information to professionals as they help parents recognize individual strengths and match appropriate activities with their child's developmental age and interests.

Training participants in Supporting Families of Children with Special Needs gain

- effective strategies and interventions for families of children with special needs;
- communications techniques to share developmental concerns;
- insight into the emotional, social and physical factors that may affect families;
- knowledge of the characteristics associated with special conditions;
- information on state and national resources that support families;

- facts about legal provisions for children with special needs; and
- ideas to promote community and professional collaboration.

For further information, contact

Parents as Teachers National Center, Inc.

Phone: 314/432-4330

Program Name: **TouchPoints**

The TouchPoints model of parent education, developed by Dr. T. Berry Brazelton, aims to build alliances between parents and providers around key points in the development of young children. "TouchPoints" are predictable periods in a child's development that can disrupt family relations, but can also provide an opportunity for practitioners to connect with parents. TouchPoints believes that establishing and maintaining relationships with parents is the basis of preventive care. The Brazelton TouchPoints Center gives healthcare and allied professionals effective and proven tools to support infants and parents at the beginning of their lives together.

Using "TouchPoints" as windows of opportunity for providers to communicate with parents, the model

- stresses prevention through developing relationships between parents and providers. The earlier the alliance between practitioner and parent is formed, the greater the opportunity to create a strong collaboration. Thus, knowledge about early child and parent development is paired with the communication skills needed to make connections with parents.
- acknowledges that developing and utilizing relationships is critical to appreciating the significance of cultural, religious and social dynamics for families.
- encourages the practitioner to focus on strengths in individuals and families, rather than deficits.
- provides insight into the emotional experience of the developing parent.
- departs from traditional medical and social service provision in its multidisciplinary approach. By combining the knowledge and perspectives of developmental psychology, education, nursing, pediatrics, psychiatry, and social services, valuable linkages are made to support children and families.

Brazelton TouchPoints Center offers training opportunities geared for providers devoted to the care of young children and their parents. The training provides a framework and skills that can be incorporated into individual practices, across institutions and at a community level. The program offerings are flexible and designed to meet the varied needs of healthcare, childcare, educators and allied professionals. They include

- one-day "overview" workshops;
- multi-day programs for groups of individual practitioners; and
- week-long "train-the-trainers" sessions to prepare for community-level action.

What is the TouchPoints Model?

The TouchPoints Model is a training program for multi-disciplinary professionals. Its goal is to provide them with skills and strategies with which they can build alliances with parents of children aged 0 to 3. The TouchPoints framework focuses on key points in the development of infants, toddlers and their families.

What is the difference between the individual, community, and faculty-Level trainings?

Individual- Level Trainings (ILTs) are three days in length and are attended by pediatricians, childcare providers, nurses, office receptionists and other professionals who want to incorporate TouchPoints into their work with young children and their families. These trainings introduce TouchPoints principles and demonstrate ways these principles can be implemented into individual practice. During the training, the faculty of the BTC and other TouchPoints trained practitioners give presentations about the TouchPoints model and the developmental themes of specific TouchPoints. Group role-plays and live encounters with families of infants and toddlers allow trainees the opportunity to learn clinical applications of the TouchPoints model. In addition, the experiences trainees bring from their own work help to deepen the understanding of the TouchPoints model and its applications to individual practice.

Community- Level Trainings (CLTs) are five days in length and are attended by multidisciplinary teams of three people who then return to their communities to train others in TouchPoints. Because the needs of each community site are different, team composition varies from site to site. A team typically consists of a primary health care provider, an early childhood educator, and an administrator. Usually, these team members come from more than one agency within their community; although, it is possible for an entire team to come from one agency or institution. The CLT includes all the elements of the ILT as well as specific training in implementation of the TouchPoints model at the community level. Each site is assigned a liaison from the BTC faculty who is primarily responsible for ongoing consultation. After the CLT, teams have a one-year relationship with BTC that includes evaluation consultation, a quarterly newsletter, internal web site access, updated curriculum materials, a site visit for supplemental training and support, a reunion meeting, and attendance at the TouchPoints Annual National Conference. New sites become part of a network of TouchPoints communities around the country who are transforming systems of child and health care for young children and their families.

*Faculty- Level Trainings (FLT)*s are three days in length and are attended by those who are joining an existing TouchPoints training team at a site. If a site wishes to expand its team, the site coordinator can arrange for potential team members to attend an FLT. The FLT includes all the elements of the ILT as well as a more specialized training component for community team members.

What do the different trainings enable one to do?

The *Individual- Level Training* participants will be able to enhance their delivery of care to young children and their families by using relationship-building strategies and communication tools based on the TouchPoints model. The *Community- Level Training* participants will be able to enhance their delivery of care to families and train other providers in their pre-determined community to use the TouchPoints model. The *Faculty- Level Training* participants are able to join an expanding community site as a team member. They are able to use the TouchPoints model in their own practices and train other providers in their pre-determined community sites.

Who usually attends the TouchPoints trainings?

Trainings are attended by a variety of professionals who want to incorporate TouchPoints into their work with young children and their families. The BTC has trained social workers, nurse practitioners, nurses, childcare providers, psychologists, counselors, psychiatrists, pediatricians, patient care representatives, office receptionists, home visitors, early childhood

educators, administrators, and others to enhance their work with young children and their families by using relationship- building strategies and communication tools based on the TouchPoints model.

For further information, contact

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Program Name: **Well Baby Plus: A South Carolina collaboration between Low Country Pediatrics and Beaufort School District**

The goals of Well Baby Plus include the following:

- to improve children's physical and psychosocial well being;
- to increase parental sources of primary support;
- to promote school readiness;
- to prevent child abuse and neglect;
- to provide a seamless approach to pediatric health care and family support; and
- to provide a family-centered approach to well-childcare.

Well Baby Plus is a unique approach to systemic integration at the point of preventive-health service delivery. This specially designed delivery system implements well-child check ups in a group format and utilizes an interdisciplinary team of professionals and paraprofessionals. Typically, six to eight families compose each Well Baby Plus group.

During the Well Baby Plus visit, each child is individually assessed, a development screen is utilized and appropriate immunizations are given. In addition, a cadre of professionals - a pediatrician, community health nurse, school-based parenting experts and parent volunteer home visitors - offer information and resources to the families in a group discussion format. This monthly discussion time allows parents to learn from each other as well as build an informal support relationship with parents of children the same age as their own child.

Each of the individuals involved in Well Baby Plus serves a meaningful purpose. The DHEC health nurse often is the first home visitor for these families, providing a post-partum home visit to the new mom and baby. She is also a source of information for such topics as family planning. The pediatrician conducts the well-child check ups, and the other home visitors are connected to the school's early enrichment program, called FACES. Including the home visitors in the Well Baby Plus program provides an opportunity for them to obtain information along with the parents, which often results in deeper translation of "better practice" within the home environment. The parenting coordinator serves as source of information regarding child development and family literacy. This person also serves as a link to the school. Many of the parents involved with Well Baby Plus have not had particularly successful interactions with schools; some may have very negative memories of their own school experiences. The parenting coordinator is a person who can help build a bridge between school and home with positive communication and attentiveness to the needs of the family. This often results in future success in school for the children.

The Well Baby Plus program upholds the notion that the primary responsibility for the health and development of children lies within the family.

Many programs designed their interventions to impact the child and paid little, if any, real attention to the family as a whole. By "doing something" *to* instead of *with* the family, programs often conveyed the message that they were the experts and knew what was best for the child (more than the family). The Well Baby Plus program is "family-centered" in the approach and delivery system.

All families exist as part of an ecological system. Increasing the functioning of the family needs to be a focus of programs working with at-risk families. The Well Baby Plus program

aims to strengthen parent's social networks, social support, and community connections in order to buffer against stressful situations.

- Effective child health programs are responsive to individual family and parent needs.
- Families vary tremendously in their structures, values, needs, challenges and strengths.
- Family members themselves have distinct needs and interests that the Well Baby Plus program attempts to take into account for a program to work.

The Well Baby Plus program has an approach to families, which is based on a perspective of strength, health and well-being. The Well Baby Plus program recognizes that all families face barriers, at some time or another, to their healthy growth and development. This program also recognizes that all families have strengths. Helping families build on their strengths to understand and solve their problems is an important focus of the Well Baby Plus program.

The Well Baby Plus program recognizes that the capacity of parents to raise their children effectively is influenced by the parents' own development and life experiences. Parenthood is a distinct, ever-changing stage of life. Parenting is shaped by the relationships parents had with their parents and by experiences parents had as children. In an effort to assist parents in making informed decisions about how they parent, Well Baby Plus tries to help parents recognize the influences on their parenting style and the stages of parenting that most parents go through.

The Well Baby Plus program recognizes that social support networks are essential to family well-being. Research has demonstrated that social support can help both the parent and the child by reducing the number of stressful events confronting the family. Families that have someone they trust and with whom they can talk over problems as well as resources that are accessible and supportive tend to deal with stressful situations in a healthy manner. Helping families identify and establish links with informal and formal support is an important element of Well Baby Plus.

The Well Baby Plus program recognizes that a parent's ability to respond appropriately to their children is enhanced by information regarding child development. Parents who have an understanding about both the "specialness" of their child and the normal stages of growth and development are more equipped to interact and problem-solve with their children. These parents are also more confident in their decisions and are more likely to respond appropriately, in a sensitive and calm but firm manner, to their children's needs.

Well Baby Plus program establishes and promotes relationships between parents and program staff that are characterized by collaboration, shared decision making and mutual respect. The Well Baby Plus program views the staff's role with families as that of "helpers" in the process of family empowerment and enablement.

The Well Baby Plus program content is designed *with* input from parents so as to meet their expressed needs and to enhance individual and family strengths. The Well Baby Plus program recognizes that "one size does not fit all". Different types of parents need different strategies of intervention.

The Well Baby Plus program is designed to respect the family and cultural values of the families involved. The Well Baby Plus staff interacts with families in a manner that helps culturally diverse families maintain their ethnic identity. Program staff has an understanding of the cultural values and beliefs of families with whom they work and demonstrates a respect for these attributes in all interactions and relationships with family members.

The Well Baby Plus program establishes linkages and collaborative relationships with other community organizations and institutions. The Well Baby Plus program operates out of a classroom at a local school. The parenting coordinator for the elementary school is an active member of the team, as are the schools home visitors. Well Baby Plus employs the use of the DHEC health nurse in the program. Sharing of ideas, resources and staff is a critical component of the program. This collaboration allows for more coherent program efforts and broadens the reach of staff in helping families gain needed resources. Duplication of services is avoided and the program gains more credibility with parents and citizens.

For further information, contact

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